

S. No. 2
M-5-43
v. 5-17-39
X36671

7586

State File No. _____

FILED MAR 4 1947

Registration District No. 2507

Primary Registration District No. 4507-6/66-4507 Registrar's No. 55

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Crane
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian 22

(c) City or town rural 3
(If outside city or town limits, write "RURAL")

(d) Street No. R#1, Clever 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Leona Reynold^s

3. (b) If veteran, none name war _____

3. (c) Social Security non No. _____

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June, 5th. 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1947 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 1946 to Feb 22, 1947; that I last saw her alive on Feb 21, 1947 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>17</u>	hr. min.

Immediate cause of death Myocarditis

Due to _____

Due to _____

9. Birthplace Stone Mo
(City, town or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name William Cloud

13. Birthplace Mo.
(City, town or county) (State or foreign country)

14. Maiden name Elsie Monger

15. Birthplace Tenn./
(City, town, or county) (State or foreign country)

Other conditions Serility
(Include pregnancy within 3 months of death)

Major findings: 93D

Of operations _____

Of autopsy _____

MOTHER FATHER

16. (a) Informant Mrs. Mary Steele

(b) Address Crane, Mo.

17. (a) burial (b) Date thereof Feb. 23, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Carmel cem

18. (a) Signature of funeral director W. W. Maples

(b) Address Clever, Mo.

19. (a) 2-24-47 (b) Carie Pearl Cheatum
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Paul H. Kammach (M. D. or other) MD

Address Crane, Mo Date signed 2-24-47

Duration 15 yrs P

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

316

RECEIVED

District Health Officer No. 6;

District File Number 347-282

Date Filed MAR 3 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.