

S. No. 2  
-12-45  
5-17-39  
PI X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43979**  
Registrar's No. **55-**

Registration District No. **246** Primary Registration District No. **6166**

1. PLACE OF DEATH:  
(a) County **Stone**  
(b) City or town **Rural "Linden"**  
(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. (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ernest Rea**  
3. (b) If veteran, name war **World War I** 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Edith Rea** 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased **Oct 26 1894**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>53</b>	<b>1</b>	<b>28</b>	hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER  
12. Name **Edith Rea**  
13. Birthplace **Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary**  
15. Birthplace **Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edith Rea**

(b) Address **Crane Mo**

17. (a) **Burial** (b) Date thereof **12/28/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crane Mo**

18. (a) Signature of funeral director **Shary H. Mamber**  
(b) Address **Crane Mo**

19. (a) **1-28-47** (b) **Paul R. Chestnut**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Stone 104**  
(c) City or town **"Rural"**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **24**  
year **1947** hour **2** minute **30 A M.**  
21. I hereby certify that I attended the deceased from **Jan 10 - 1942** to **12-24-1947**  
that I last saw him alive on **12-24-1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-vascular-Renal disease** Duration **10 yrs**

Due to  
Due to

Other conditions: **(Epilepsy)** **25 yrs**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **none**  
Of autopsy **none**  
PHYSICIAN

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) (c) Means of injury

23. Signature **A. L. Kerr** (M. D. or other)  
Address **Crane Mo** Date signed **12-28-47**

JAN 7 1948

JAN 14 1948

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**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 George H. Manlove

Licensed Embalmer No. 3827

P. O. Address Crane 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.