

FILED JAN 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 723

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 6

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

1. PLACE OF DEATH:  
Franklin  
(a) County  
(b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State ✓ (b) County ✓  
(c) City or town ✓  
(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.

3. (a) PRINT FULL NAME Sylvia Rose Reyburn

3. (b) If veteran, name war \* \* \* 3. (c) Social Security No. \* \* \*

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \* \* \* 6. (c) Age of husband or wife if alive \* \* \*

7. Birth date of deceased January 7 1948  
(Month) (Day) (Year)

8. AGE:	Years 0	Months 0	Days 3	If less than one day hr. min.
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9. Birthplace Washington Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business \* \* \*

12. Name. Sam Reyburn, Jr.

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

14. Maiden name. Earline Dickermann

15. Birthplace New Madrid Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Reyburn, Jr.

(b) Address Owensville, Missouri

17. (a) Burial (b) Date thereof 1-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem.

18. (c) Signature of funeral director. Michael N. N. Kester

(b) Address Owensville, Missouri

19. (a) 1-12-48 (b) Registrar's signature 99  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10  
year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-7 1948 to 1-10 1948  
that I last saw her alive on 1-10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Atelectasis  
Duration 3 dys

Due to

Due to

Other conditions: Prematurity - 6 wks.  
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy — 159

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?  
(Specify type of place)

While at work? (e) Means of injury

23. Signature: Paul Brunner (M. D. or other)  
Address: Owensville, Mo. Date signed: 1-10-48

11-22-48

Date Filed 11/22/48

District File Number

District Health Officer No. 9,

RECEIVED

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

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working under my personal supervision. Registered Apprentice No.

This body was not embalmed.

Signed *Michael H. H. Winter*

Licensed Embalmer No. 3838

P. O. Address Owensville, Missouri

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.