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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9781

Registration District No. 282 Primary Registration District No. 5975 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Polk (North McKinley)

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

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

(d) Street No. South part of Sentinel Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME Mary Elizabeth Reynolds

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife George W. Reynolds

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct (Month) 17 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	4	17	..... hr. ..... min.

9. Birthplace Polk (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housework

FATHER
12. Name William Riley Stormer
13. Birthplace ..... (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Laura Payne
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Hallie Reynolds
(b) Address Polk Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director Erwin & Blue
(b) Address Bolivar

19. (a) Mar. 16, 1948 (Date received local registrar) (b) Ralph Garden 258 (Registrar's signature) by Jewell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5
year 1948 hour 7:45 minute 0 A.M.

21. I hereby certify that I attended the deceased from March 4, 1948, to Mch 4, 1948
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83 A

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? No (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 S D Smith (M. D. ~~or other~~)
Address Bolivar Mo Date signed 3/8/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-288
Date Filed 3-15-48

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Kahoua, 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.