

FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29705

State File No.

BIRTH NO.		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>2946</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kirksville</u>)		c. LENGTH OF STAY (In this place) <u>3 Yrs.</u>		c. CITY OR TOWN <u>Memphis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nursing Home # 1</u>				e. STREET ADDRESS (If rural, give location) <u>0490</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alonzo</u>		b. (Middle)		c. (Last) <u>Regnold</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21, 1956</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>July 26, 1878</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		11. BIRTHPLACE (City and State or Foreign Country) <u>Deland, Illinois</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Joseph Regnold</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Bowman</u>		14. NAME OF HUSBAND OR WIFE <u>Susie Regnold</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George H. Scherer</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>Acute overwhelming toxemia</u> <u>Septemia</u> <u>Cerebral Thromboses</u>		19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Memphis, Missouri</u>		22. I hereby certify that I attended the deceased from <u>Jan 16, 1926</u> , to <u>Sept 21, 1926</u> that I last saw the deceased alive on <u>Sept 21, 1956</u> and that death occurred at <u>2:50 p.m.</u> , from the causes and on the date stated above.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		23a. SIGNATURE (Name or title) <u>George H. Scherer D.O.</u>	
23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>9-26-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 23, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memphis,</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kate Lamberts</u>		25. ADDRESS	
DATE REC'D BY LOCAL REG. <u>9-28-56</u>		REGISTRAR'S SIGNATURE		25. ADDRESS		25. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

MEMPHIS MO BASKIN

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

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Fred Lertz*

Licensed Embalmer No. *423*

P. O. Address *M. S. ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.