

MAILED 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15519

State File No. _____

Registration District No. 574

Primary Registration District No. 52274

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County moniteau
- (b) City or town Rural Linn Co.
(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 _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME PHILLIP ANDYEE REIMLEY

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

4. Sex male 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 _____

7. Birth date of deceased 7 5 1897
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Wm H Reimley

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

14. Maiden name Elizabeth Reynolds

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

16. (a) Informant's own signature Mrs R. Harbaw

(b) Address Lupus Mo

17. (a) Burial (b) Date thereof 5-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickam Cemetery

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Prairie Home Mo

19. (a) May 7 (b) Abbie Reimley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County moniteau

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 4
year 1940 hour 8 minute 00 M.

21. I hereby certify that I attended the deceased from _____
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide Duration _____

Due to Gun shot wound

Due to in the head

Other conditions 167
(Include pregnancy within 3 months of death)

Major findings: none Of operations _____

Of autopsy none

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

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

(b) Date of occurrence 5-4-1940

(c) Where did injury occur? Lupus moniteau Mo
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury Gun shot

23. Signature H R Poberoy Brown (M. D. or other) _____

Address California Mo Date signed 5-4-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 6-17-39 1 X10511

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.....

C. Albert Hornbeck

Registered Apprentice No. *2714*

working under my personal supervision.

Signed *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home 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, above space should be left blank.