

FILED APR 4 1947

Registration District No. 93

Primary Registration District No. 4154

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Oade
 (b) City or town Greenfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 1 yr
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Oade 29
 (c) City or town Greenfield mo
 (If outside city or town limits, write "RURAL") 9
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Branch Reece

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

4. Sex F 1 | 5. Color or race w | 6. (a) Single, widowed, married, 2 divorced, 1 widowed

6. (b) Name of husband or wife Hiram Price Reece 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased March 4 1861
 (Month) (Day) (Year)

8. AGE: Years 86 Months 22 Days _____ If less than one day
 hr. _____ min. _____

9. Birthplace Union Star mo (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business

12. Name John Branch

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

14. Maiden name Susannah Branch

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

16. (a) Informant Helen Brown

(b) Address Greenfield mo

17. (a) Burial (b) Date thereof Mar 29-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star mo

18. (a) Signature of funeral director W.R. Allison

(b) Address Greenfield mo

19. (a) 3-27-47 (b) Geo D. West
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
 year 1947 hour 7 minute 10 a.m.

21. I hereby certify that I attended the deceased from 3-23 1947 to 3-26 1947
 that I last saw her alive on 3-26 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Senility
 Due to _____
 Due to _____

Other conditions (include pregnancy within 5 months of death)

Major findings: 93E
 Of operations _____
 Of autopsy _____

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 2

23. Signature Alfred Stodley (M. D. or other) DO.
 Address Greenfield Mo. Date signed 3-28-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Sheffield, 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.