

Registration District No. 305

Primary Registration District No. 5423

Registrar's No. 35

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town BRUSH CREEK (TOWN) RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
OWENSVILLE ROUTE 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 24 YRS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. OWENSVILLE ROUTE
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ALVENA PAULENA REED

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

4. Sex FEMALE race WHITE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LAFAYETTE REED
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased DEC. 12 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 2
If less than one day hr. _____ min. _____

9. Birthplace 3RD. CREEK (NEAR OWENSVILLE) MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN GODERITZ HOLZSCHUH
18. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name CAROLINA HOLLINSCHUE
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Flora Hollinschue
(b) Address Union Ave.

17. (a) BURIAL (b) Date thereof 12-16-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OWENSVILLE CITY CEM.

18. (a) Signature of funeral director W.F. Gattenbacher
(b) Address Owensville, Mo.

19. (a) 12/20/39 (b) Paul A. Barnes MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 14
year 1939 hour 5:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov. 22 1939 to 12-14 1939;
that I last saw her alive on 12-13 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 2 days

Due to Chronic myocarditis 3 yrs.

Due to _____
Other conditions Chronic hypertrophic 8 yrs.
(Include pregnancy within 3 months of death) arthritis

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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? _____ (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) (e) Means of injury _____

23. Signature Paul Barnes MD (M. D. or other) MD
Address Owensville, Mo. Date signed 12-15-39

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.

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.....

Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Quincy, Ill.

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.