S. No. 2
M—1-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1942

Registration District No. 547

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42492

Primary Registration District No. 3029

Registrar's No. 343

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 3325 Market St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community One month, 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Hull 11
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country — 2

3. (a) PRINT FULL NAME Hannah Elizabeth Reed

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife Charles Reed

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

7. Birth date of deceased March (Month) 24 (Day) 1877 (Year)

8. AGE: Years 64 Months 8 Days 29 If less than one day — hr. — min.

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

10. Usual occupation at home

11. Industry or business —

FATHER
12. Name Simon Pulte
13. Birthplace not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ellen (last name unknown)
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Marietta Throne
(b) Address Hull, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greemount Cemetery Quincy Ill.

18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Broadway, Hannibal Mo.

19. (a) Dec 24 '41 (Date received local registrar) (b) M C Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1941 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from October 30, 1941, to December 23, 1941; that I last saw her alive on December 22, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: Bronchial Pneumonia	4 days
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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? (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 B. L. Murphy (M. D. or other) U
Address Hannibal, Mo. Date signed 12/23/41

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(Licensed Embalmer's Statement on Reverse Side)

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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1000 Broadway, Hannib

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.