

FILED JUN 18 1942  
Registration District No. ....

Primary Registration District No. 4185

Registrar's No. 63

38  
1  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Gentry  
(b) City or town Albany Sum  
(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 All her life  
In this community All her life  
(Specify whether ye rs, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Gentry 38  
(c) City or town Albany 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location) 0  
(e) Citizen of foreign country? .... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Mary Ellen Reed  
3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 3  
year 1942 hour 2 minute P M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased. Feb. 11 1863  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3 1942 to July 3 1942  
that I last saw her alive on July 3 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death .....

8. AGE: Years Months Days If less than one day  
79 3 23 hr. min.

Coronary Thromboses 3 hr  
Dead suddenly  
Other conditions ..... (Include pregnancy within 3 months of death)  
Major findings: Of operations .....  
Of autopsy .....

9. Birthplace Albany Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home  
11. Industry or business .....  
12. Name Samuel Miller  
13. Birthplace Bolckow Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Drusella Morris  
15. Birthplace Michigan  
(City, town, or county) (State or foreign country)

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 0

16. (a) Informant Mr. Hulse  
(b) Address Fillmore, Missouri  
17. (a) Burial (b) Date thereof 6/6/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Grandview  
18. (a) Signature of funeral director [Signature]  
(b) Address [Address]  
19. (a) June 5-1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)  
Address [Address] Date signed 6-4-42

**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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Chaffin Bunker  
.....  
Licensed Embalmer No. 3329

P. O. Address Albany 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.**