V. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18766

State File No.

Registration District No. 291 — Primary Registration District No. 5993 — Registrar's No. 38

SAVED MAY 24 1943

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Medicine Twp Rural (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 all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

(c) City or town Rural (If outside city or town limits, write "RURAL") 86

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

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country 0

3. (a) PRINT FULL NAME Ella B. 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 married

6. (b) Name of husband or wife A. L. Reed

6. (c) Age of husband or ~~wife~~ if alive 75 years

7. Birth date of deceased April (Month) 30 (Day) 1875 (Year)

8. AGE: Years ~~68~~ 67 Months 11 Days ~~26~~ 29 If less than one day ___ hr. V min.

9. Birthplace Mercer, Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business ✓

FATHER
12. Name Jonathan Rook
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rogers
15. Birthplace Ind. (City, town, or county) (State or foreign country)

16. (a) Informant A. L. Reed

(b) Address Lineville Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation Powersville, Mo.

18. (a) Signature of funeral director Neil Moss

(b) Address Princeton Mo

19. (a) Apr 30-43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 1942 to April 27 1943 that I last saw her alive on April 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

46 b

Duration

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 L. W. McDonald (M.D. or other) DO

Address Powersville Mo. Date signed 4/27/43

1099

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-43-852
Date Filed MAY 20 1943

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 Hal Moss

Licensed Embalmer No. 2634

P. O. Address Princeton 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.