

Registration District No. 273

Primary Registration District No. 3051

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Perryville, Mo.
(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 _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry

(c) City or town Perryville, Mo.
(If outside city or town limits, write "RURAL".)

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

(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Rosetta Reed

8. (b) If veteran, name war _____ 8. (c) Social Security No. 489-18-4421

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Annie Reed 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 25, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>5</u>	<u>25</u>	hr. _____ min.

9. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

MOTHER FATHER

12. Name Bays Reed

13. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Layton

15. Birthplace Perry County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Neaman Reed

(b) Address Perryville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date hereof 6-21-43
(Month) (Day) (Year)

(c) Place: burial or cremation Int. Hope Cemetery

18. (a) Signature of funeral director Ray Palmer Home

(b) Address Perryville, Mo.

19. (a) 6-21-43 (Date received local registrar) (b) Wm. H. Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
year 1943 hour 11:55 minute PM

21. I hereby certify that I attended the deceased from June 7, 1943 to June 20, 1943
that I last saw him alive on June 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Edema

Due to _____

Due to Hodgskin Disease

Other conditions (Include pregnancy within 3 months of death) 44

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 Wm. H. Elder (M. D. or other) _____
Address Perryville Date signed 21 43

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

District Health Officer 4
District File Number 743-2445
Date Filed 7-8-43

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 Albert Bey
Licensed Embalmer No. 3866

P. O. Address Berryville, 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, above space should be left blank.