

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

X325

REGISTERED DISTRICT NO. **7**

Primary Registration District No. **4339**

Registrar's No. **227**

1. PLACE OF DEATH:

(a) County **MONROE**
(b) City or town **PARIS**
(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 **six years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **MONROE**
(c) City or town **Monroe County**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **SARAH ELLEN REED**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **FRANK R. REED** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **JULY 29 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 25 — hr. — min.

9. Birthplace **MONROE CO MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOME**

11. Industry or business _____

MOTHER FATHER
12. Name **PHILIP R. WILLIAMS**
13. Birthplace **MO.**
(City, town, or county) (State or foreign country)
14. Maiden name **SUE JOHNSON**
15. Birthplace **MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Cora W. Kennedy**

(b) Address **709 Park St. Clinton, Mo**

17. (a) **BURIAL** (b) Date thereof **AUG 25 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE**

18. (a) Signature of funeral director **Spauld & Blakey**

(b) Address **Paris, Mo**

19. (a) **8-24-43** (b) **Maxine Gault**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG.** day **24**
year **1943** hour **12** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **June 2,**
1943 to **Aug 24,** 19**43**
that I last saw her alive on **Aug 24,** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Epidemioid Carcinoma (Anat. Tr.) n.c.**
(Original Site Unknown)

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **53-**

Major findings: Of operations _____

Of autopsy _____

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) (a) Means of injury _____

23. Signature **J.A. Barnett** (M. D. or other) **M.D.**
Address **Paris, Mo** Date signed _____

Duration
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 9-43-1481

Date Filed SEP 9 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *A. B. Blakey*

Licensed Embalmer No. 2614

P. O. Address Paris, 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.