

FILED JUN 12 1944
Registration District No. **153**

Primary Registration District No. **4245**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Oranogo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Oranogo 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Oranogo**
(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 **Lottie Reed**
3. (b) If veteran, _____ **3. (c) Social Security** _____
name war _____ No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **21**
year **1944** hour **4:25** minute **0** M.
21. I hereby certify that I attended the deceased from **July 29**, 19**42** to **May 21**, 19**44**
that I last saw her alive on **May 21**, 19**44**
and that death occurred on the date and hour stated above.

4. Sex **F** **5. Color or race** **W.** **6. (a) Single, widowed, married, divorced** **1**
6. (b) Name of husband or wife **Walter Reed** **6. (c) Age of husband or wife if** _____
alive _____ years
7. Birth date of deceased **January 4 1879**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage** **Duration** **3 days**
Due to **Hypertension**

8. AGE: Years **65** Months **4** Days **17** If less than one day _____ hr. _____ min.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **Jasper County, Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

Major findings: **8301**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business **Home**
12. Name _____ **13. Birthplace** _____
14. Maiden name **Mary Jane Stone** **15. Birthplace** _____
(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? _____

16. (a) Informant **Mrs. Walter Reed**
(b) Address **Oranogo, Mo.**
17. (a) _____ **(b) Date thereof** **5/23/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Clanairden Cemetery**

23. Signature **J. M. Pence** (M.D. or other) **D.O.**
While at work? _____ (Specify type of place) (e) Means of injury _____
Address **Oranogo** Date signed **5-25-44**

18. (a) Signature of funeral director **Wedge Nelson**
(b) Address **Webb City, Mo.**
19. (a) **May 23 1944** **Mrs. Lillie Fagle**
(Date received local registrar) (Registrar's signature)

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

44-5-479

Pence

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 E. H. Hedge

Licensed Embalmer No. 2859

P. O. Address. Webb City 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: