

FILED JUN 13 1944

Registration District No. _____

Primary Registration District No. 4411

Registrar's No. 37

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

1. PLACE OF DEATH

(a) County Pike
(b) City or town Bowling Green 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike
(c) City or town Bowling Green
(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 Martha Ann REEDS

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 David R. Reed 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Dec 21st 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 25th year 1944 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from May 21st 1944 to May 20th 1944 that I last saw him alive on May 25th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Alzheimer's mellitus
Duration _____

8. AGE: Years 82 Months 5 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Pikaway Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James H. Tully
13. Birthplace Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Jane Abbott
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant David R. Reed
(b) Address Bowling Green Mo.

17. (a) Burial (b) Date thereof 5 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo.

18. (a) Signature of funeral director Wm. J. Bankhead
(b) Address Bowling Green Mo.

19. (a) Men 30-40 (b) John Frank Bond
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____

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

Major findings: Of operations none
Of autopsy none

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 J. B. Briggs, M.D. (M. D. or other)
Address Bowling Green, Mo. Date signed 12/2/44

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

RECEIVED

District Health Officer No. 10

District File Number 6-44-1126

Date Filed JUN 9 1944

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 Ernest Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green 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.