

FILED SEP 26 1944

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 269

## 1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Harrison  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Levering Hospital  
 (If not in hospital or institution, write street number or location) 0  
 (d) Length of stay: In hospital or institution 2 Wks (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

## 3. (a) PRINT FULL NAME

Michael Spencer Reed3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,  
divorced Divorced6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased November 11, 1872  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
72 9 3 hr. min.9. Birthplace Barrow, W. Va.  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name UNKNOWN13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)16. (a) Informant Clarence Reed(b) Address 214 Mark Twain Ave Harrison Mo17. (a) Burial (b) Date thereof Aug 24 44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Olivet Cem.18. (a) Signature of funeral director James O. Brown(b) Address Harrison Mo19. (a) 9-1-44 (b) R. J. Connor  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion 64  
 (c) City or town Harrison  
 (If outside city or town limits, write "RURAL") 7  
 (d) Street No. 214 Mark Twain  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22  
year 1944 hour \_\_\_\_\_ minute 5:55 AM21. I hereby certify that I attended the deceased from  
Aug. 23 1943 to Aug. 22 1944  
that I last saw him alive on Aug. 21 1944  
and that death occurred on the date and hour stated above.Immediate cause of death \_\_\_\_\_  
Ca of stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Chromyocarditis  
(Include pregnancy within 3 months of death)Major findings:  
Of operations none H&P  
Of autopsy \_\_\_\_\_  
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?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. P. [unclear] (M.D. or other) \_\_\_\_\_  
Address Harrison Mo Date signed 9-1-44

**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:

*Michael J. O'Donnell*

Licensed Embalmer No.

*32416*

P. O. Address

*Hannibal 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.**