

V. S. No. 2  
OM-8-43  
Rev. 5-17-39  
I X37823

FILED JAN 9 1945

Registration District No. \_\_\_\_\_ Primary Registration District No. 2007

Registrar's No. 1291

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

1. PLACE OF DEATH: Butler

(a) County Butler

(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Brandon Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days  
In this community Piedmont 25 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mabel W. Reel,

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Edward E. Reel, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 19 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation House keeper

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

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edna Price, Social Security (Advisor)

(b) Address Piedmont, Mo.

17. (a) Piedmont, (b) Date thereof Dec. 6, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Piedmont, Mo.

18. (a) Signature of funeral director F. C. Yates.

(b) Address Piedmont, Mo.

19. (a) 12-13-44 (b) Belle Turner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler 111

(c) City or town Piedmont  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4<sup>th</sup>  
year 1944 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov. 23, 1944, to Dec. 4, 1944  
that I last saw her alive on Dec. 4, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death broncho pneumonia  
Nov 20, 1944 Duration 11/20/44

Due to chronic bronchitis 10/20/44

Due to Oct 20 - 1944

Other conditions None  
(include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo Date signed 12-9-44

RECEIVED

District Health Office No. 2,

District File Number 145-40

Date Filed 1-5-45

FEB 5 1945

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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 John H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredricktown, 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.