

FILED JAN 28 1946

Registration District No. 1

Primary Registration District No. 5371-

State File No.

Registrar's No. 22

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Santa Rosa (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County DeKalb
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Dallas Turn 6 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Yvonne Mabelle Reed

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 widowed
6. (b) Name of husband or wife Arthur Reed (decd) 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 24 1859 (Month) (Day) (Year)

8. AGE: 86 Years Months Days 11 17 If less than one day hr. min.

9. Birthplace Clairco Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Thomas Reed
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Reed
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr Albie Ewing
(b) Address Pattonsburg Mo.

17. (a) Rural (b) Date thereof Dec 13 45 (Racial designation) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director J. S. Schomer

(b) Address Pattonsburg Mo.

19. (a) Dec 26 45 (b) Roscoe Davidson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1945 hour 1:05 minute 0 P. M.

21. I hereby certify that I attended the deceased from Oct 20 45 to Dec 11 45 that I last saw her alive on Dec 11 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Serumity.

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 16 2/3

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) (e) Means of injury

23. Signature R. R. Davidson (M. D. or other) Dr.

Address DeKalb Mo. Date signed 12/17/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100129

Received
DISTRICT HEALTH OFFICE
Cameron, Mo.

1-18-46

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 *G. S. Brown*

Licensed Embalmer No. *2857*

P. O. Address *Pattersonburg 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.