

FILED JAN 28 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 277

Primary Registration District No. 5951

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Pike Indian Township
(b) City or town Curryville rural
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82
(c) City or town Curryville rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. MATILDA J. 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 Widow
6. (b) Name of husband or wife Frank I. Reed 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 12 1854
(Month) (Day) (Year)

8. AGE: Years 91 Months 10 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name John Chamberlain
13. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Branstetter
15. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant L. P. Branstetter

(b) Address Curryville

17. (a) Burial (b) Date thereof Dec 6 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Harmony

18. (a) Signature of funeral director W. B. Waters

(b) Address New Harmony Mo

19. (a) 12/16/45 (b) Bill Robinson
(Date received local registrar) (Registrar's signature)

254 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4 P
year 1945 hour 6 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 1940, to _____, 1945
that I last saw him alive on 11/30/45 and that death occurred on the date and hour stated above.

Immediate cause of death: Crownery Company
Peter Sclerker
Due to Embolic Aneurysm
Due to _____

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

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

Major findings: Of operations _____

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 no

23. Signature Bill Robinson (M. D. or other) _____
Address Curryville Mo Date signed 12/6/45

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

100740

RECEIVED

District Health Officer No. 10

District File Number 1-46-149

Date Filed JAN 24 1948

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

M. J. Materis

Licensed Embalmer No.

4298

P. O. Address

Dandalia 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.