

FILED MAR 18 1946

Registration District No. _____ Primary Registration District No. 3000

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Laughlin Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirksville
(If outside city or town limits, write "RURAL")
 (d) Street No. 306 W. Randolph
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Malie Mattie Reed

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 James G. Reed 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 21 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name J. T. Powell

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

14. Maiden name Hannah Hicks

15. Birthplace Scotland Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Hilbert

(b) Address New Roads, La

17. (a) Burial (b) Date thereof 2/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cmt.

18. (a) Signature of funeral director [Signature]

(b) Address Kirksville, Missouri

19. (a) 3-3-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
 year 1946 hour 7:25 minute P. M.

21. I hereby certify that I attended the deceased from Feb 8, 1946, to Feb 13, 1946,
 that I last saw her alive on Feb 13, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death ruptured, gangrenous appendix
 Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations as above noted

Of autopsy [Signature]

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 Carl Laughlin (M. D. or other) D.O.
 Address Kirkville, Mo Date signed 2/27/46

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

RECEIVED

District Health Officer No. 10

District File Number 3-46-515

Date Filed MAR 16 1946

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 DEE Rieley

Licensed Embalmer No. 4181

P. O. Address Keokuk 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.