S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

HARRE L

State File No. 17124

Registration District No. 190 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 101 PEARL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community ALWAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LACLEDE
(c) City or town LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. 101 PEARL (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NINA MALCINA REID
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NELSON REID
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased APR (Month) 9 (Day) 1878 (Year)
8. AGE: Years 68 Months — Days 14 If less than one day hr. min.
9. Birthplace POLK CO (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
MOTHER FATHER
12. Name GEO. T. WEDDEL
13. Birthplace TENN (City, town, or county) (State or foreign country)
14. Maiden name CHARITY CONRAD
15. Birthplace U.S. (City, town, or county) (State or foreign country)
16. (a) Informant Edith DuBois
(b) Address LEBANON MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 24 46 (Month) (Day) (Year)
(c) Place: burial or cremation LEBANON MO
18. (a) Signature of funeral director PALMERS
(b) Address LEBANON MO
19. (a) 4-30-46 (Date received local registrar) (b) Orr Frankenberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 23 year 1946 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from 4-22- 1946 to 4-23- 1946 that I last saw her alive on 4-22- 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis & Myocardial Degeneration — Duration (7)
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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 B. E. Harrell (M. D. or other) MD
Address Lebanon Date signed 4-26-46

152 (Licensed Embalmer's Statement on Reverse Side)

Received 5-13-46
Laclede County Health Unit
File No. 4-46-53
Date Filed 5-13-46

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 D. W. Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.