

S. No. 2
4-9-43
5-17-39
P-17-37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34369

State File No. _____
Registrar's No. 416

Registration District No. 275

Primary Registration District No. 5930

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Hughesville RR #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Hughesville, RR #1 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AUGUSTA NATHANIEL REAM
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 31
year 1946 hour 3 minute 20 a. M.
21. I hereby certify that I attended the deceased from Oct 28 to Oct 31, 1946
that I last saw him alive on Oct 28, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Cora Swope Ream 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 9 1876
(Month) (Day) (Year)

Immediate cause of death
myo carditis
Due to nephritis -
arterio sclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
70 2 22 hr. _____ min. 0
9. Birthplace Sedalia, Mo. RR #4
(City, town, or county) (State or foreign country)

Duration
Physician
Underline the cause to which death should be charged statistically.
ADDITIONAL SUPPLEMENTARY INFORMATION

10. Usual occupation Farmer
11. Industry or business _____
12. Name Thomas Ream
13. Birthplace Sedalia Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Wasson
15. Birthplace Sedalia, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Ream
(b) Address Hughesville, Mo. RR #1
17. (a) Burial (b) Date thereof 11-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Herman

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? _____

18. (a) Signature of funeral director Geo. Dillard
(b) Address Sedalia, Mo.
19. (a) 11/1/46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

23. Signature B. C. Seavey (M. D. or other) MD
Address Sedalia, Mo. Date signed Nov 46
While at work? _____ (Specify type of place) (e) Means of injury _____

251 (Licensed Embalmer's Statement on Reverse Side)

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

Smalley

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-9-46

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 *L. T. Parker*

Licensed Embalmer No. 3840

P. O. Address Sedalia 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.