

No. 2
-5-42
-17-39
X32873

FILED NOV 21 1946

Primary Registration District No. 2000

Registrar's No. 879

1. PLACE OF DEATH:

(a) County: **GREENE**
(b) City or town: **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
716 S. Market
(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: **Missouri** (b) County: **Greene** **39**
(c) City or town: **Springfield,** **2**
(If outside city or town limits, write "RURAL")
(d) Street No.: **716 S. Market** **6**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME: **FANNIE ROSE 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, **married**

6. (b) Name of husband or wife: **John J. Reed** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: **April 28, 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 **6** **5** hr. min.

9. Birthplace: **St. Clair, Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Domestic**

11. Industry or business.....

12. Name: **Nathan Phillips** **0**

13. Birthplace: **St. Clair, Missouri** **0**
(City, town, or county) (State or foreign country)

14. Maiden name: **Mary Wilson**

15. Birthplace: **St. Clair, Missouri** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Ross Roussen**
(b) Address: **Morrellton, Missouri**

17. (a) **Removal and burial** (b) Date thereof: **11/4/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **St. Clair, Missouri**

18. (a) Signature of funeral director: **ALMA LOHMEYER FUNERAL HOME**

(b) Address: **SPRINGFIELD, MISSOURI**

19. (a) **11-5-46** (b) **W.E. Handley M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **November** day: **3**
year: **1946** hour: **2** P.M. minute..... M.

21. I hereby certify that I attended the deceased from **9-13-1946** to **11-3-1946**
that I last saw her alive on **10-25-1946**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of uterus & Colons** **3 yrs.**

Due to.....

Due to.....

Other conditions: (include pregnancy within 3 months of death)

Major findings: Of operations..... **XSB**

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?

(Specify type of place) While at work?..... (e) Means of injury..... **0**

23. Signature: **O.E. Feller** (M. D. or other).....

Address: **Springfield Mo** Date signed: **11-4-46**

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

MOTHER FATHER

111

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 CA Roof

Licensed Embalmer No. ~~3244~~ 3044

P. O. Address.....Springfield, Missouri

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.