

Registration District No. **210**

Primary Registration District No. **S772**

Registrar's No. **71**

1. PLACE OF DEATH:

(a) County **Mercer**

(b) City or town **Medicine Twp.**
(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 **All her life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mercer**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **/**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country: **/**

3. (a) PRINT FULL NAME **Ida N. 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 **Widowed**

6. (b) Name of husband or wife **/** **6. (c) Age of husband or wife if alive** **/** years

7. Birth date of deceased **March 12 1873**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	8	11	/ hr. / min.

9. Birthplace **Mercer Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Keeper**

11. Industry or business **/**

MOTHER FATHER

12. Name **Enos Honn**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary J. Jarrett**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earnest Reed**
(b) Address **Princeton, Mo.**

17. (a) Burial **(b) Date thereof 11-26-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Topsey Ceme.**

18. (a) Signature of funeral director **Martin Funeral Home**
(b) Address **Princeton, Mo.**

19. (a) 11-25-46 **(b) E. M. Martin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **23**
year **1946** hour **3** minute **35** P. M.

21. I hereby certify that I attended the deceased from **Nov 6 1946** to **Nov. 23 1946**
that I last saw her alive on **Nov. 22 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Deep central cerebral hemorrhage** **Duration 11-10**

Due to **Cardiovascular renal degeneration**

Due to **Recovered consciousness for three days, only to again recede into deep coma and death**

Other conditions **death**
(Include conditions within 3 months of death)

Major findings: **Operated malignancy rt. breast three years ago.**

Of operations: **None**

Of autopsy: **None**

PHYSICIAN
1
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 **E. M. Martin** **(M. D. or other)** **MD**
Address **Princeton, Mo.** **Date signed** **11/24/46**

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

40189

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

H. Iron Martin

Licensed Embalmer No. *3760*

P. O. Address *Pinneton, 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.