

Registration District No. 291

Primary Registration District No. 5998

Registrar's No. 38

1. PLACE OF DEATH:
 (a) County Putnam
 (b) City or town Powersville Yark
(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 life
year, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Putnam 86
 (c) City or town Powersville 0
(If outside city or town limits, write "RURAL")
 (d) Street No. home 0
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Cyrus & Marion Reed
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 16
 year 1947 hour 6 minute _____ A. M.
 21. I hereby certify that I attended the deceased from _____
 _____ 19. to _____ 19. _____
 that I last saw him _____ alive on _____ 19. _____
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Vira E. Reed
 6. (c) Age of husband or wife if alive 83 years
 7. Birth date of deceased May 9 1861
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis
 Duration Unk.

8. AGE: Years Months Days If less than one day
85 11 7 _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Powersville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name David P. Reed

Major findings: _____
 Of operations _____

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

14. Maiden name Harlett Tarwater

Of autopsy history of Dr & family

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

16. (a) Informant Mrs Vira Reed

(b) Address Powersville, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 4-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Powersville, Mo

(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)

18. (a) Signature of funeral director Chas. Fowler

(b) Address Unionville, Mo.

While at work? _____ (e) Means of injury 2
 23. Signature Chas. Fowler
(Name or other)

19. (a) 4-21-47 (b) Marcell Durbin
(Date received local registrar) (Registrar's signature)

Address Unionville, Mo. Date signed 4-17-47

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

76
5

RECEIVED
District Health Officer No. 10
District File Number 47-752
Date Filed APR 30 1947

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 *M. E. Shuster*

Licensed Embalmer No. *3207*

P. O. Address *Winnville, 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.