

Registration District No. **128**

Primary Registration District No. **2000**

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:
679 South Florence Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME NELLIE REED

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Alex Reed 6. (c) Age of husband or wife if alive, Deceased Years

7. Birth date of deceased July 20, 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Richland, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home Makeing

MOTHER FATHER

12. Name Willis G. Haley

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Muir

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Winifred Killingsworth (dau)

(b) Address 679 South Florence

17. (a) Burial (b) Date thereof 10/7/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery
Alma Lohmeyer Funeral Home

18. (a) Signature of funeral director Springfield, Missouri

(b) Address 10-7-97 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield, Missouri 2
(If outside city or town limits, write "RURAL")
(d) Street No. 679 South Florence 6
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5,
year 1947 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-29, 1946 to 10-5, 1947
that I last saw her alive on 10-5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo-carditis
Duration

Due to Natural causes of old age

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations APP
Of autopsy No
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 0
23. Signature W. E. Handley MD (M. D. or other) 0
Address 2216 E. Commercial Date signed 10-7-47

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

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.....
Harry Steyer, Registered Apprentice No. *479*,
working under my personal supervision.

Signed *Jewell E. Kuddle*
Licensed Embalmer No. *2831*
P. O. Address *Springfield 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.