

FILED AUG 6 1948
155

Registration District No. _____

Primary Registration District No. **3127**

Registrar's No. **116**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Webb City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
823 South Jefferson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community **30 yrs.**

3. (a) PRINT FULL NAME **Florence Reid**
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 **William Elsworth Reid** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 18 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 **5** **5** hr. _____ min.

9. Birthplace **Dunnopark County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Paul**
13. Birthplace **No Data** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Mrs Thomas**
15. Birthplace **New Jersey**
(City, town, or county) (State or foreign country)

16. (a) Informant **William E. Reid (husban)**
(b) Address **823 South Jefferson Webb City MO**
17. (a) **Burial** (b) Date thereof **7/26/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **W. L. Leary**
(b) Address **Webb City**
19. (a) **JULY 26 1948** (b) **W. L. Leary**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Webb City**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. **823 South Jefferson**
(If rural, give location) **12**
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23**
year **1948** hour **6** minute **15 p.m.**
21. I hereby certify that I attended the deceased from **9-4**, 19**48**, to **July 23**, 19**48**;
that I last saw her alive on **July 23**, 19**48**;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to **Coronary Circulation Failure**
Due to **Atherosclerosis**
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations **↑**
Of autopsy _____

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 **2**
23. Signature **W. L. Leary** (M. D. or Other) **2**
Address **Webb City, Mo** Date signed **7/26/48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48-7-645

SEP 6 1949

MAY 2 4 1949

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

Leonard J. Lewis
working under my personal supervision.

Registered Apprentice No. *46*

Signed *Richard Gray Lewis*

Licensed Embalmer No. *4485*

P. O. Address *Webb City 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.