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FILED JUL 20 1948

State File No. _____

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
507 West Third
(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 Nodaway 24

(c) City or town Maryville
(If outside city or town limits, write "RURAL") 3

(d) Street No. 507 West Third
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY REAM

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 Paul Ream

6. (c) Age of husband or wife if alive 18-71 years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77	9	16	hr. min.
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9. Birthplace Maryville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Joseph Jackson

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

14. Maiden name Amanda Broyles

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

16. (a) Informant Joseph Jackson

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 7/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Pua Funeral Home

(b) Address Maryville, Missouri

19. (a) 7-10-48 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 3
1948 to July 5 1948

that I last saw her alive on July 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Block. Cerebral hemorrhage.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

8-30

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 H. M. Chase (M. D. or other) DO
Address Maryville Mo Date signed July 6/48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

**DISTRICT HEALTH OFFICE
Camden, 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 Clem M. Price
Licensed Embalmer No. 1822
P. O. Address Marville, 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.