

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1810 Spruce		e. STREET ADDRESS (If rural, give location) 1810 Spruce	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Elizabeth c. (Last) Reed			4. DATE OF DEATH (Month) (Day) (Year) 11-8-1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/26/1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Naples, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. H. Watters		13b. MOTHER'S MAIDEN NAME Carrie Wheeler		14. NAME OF HUSBAND OR WIFE Benjamin F. Reed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Benjamin R. Reed, 1810 Spruce	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION - Hannibal, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis heart disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture leg, arteriosclerosis, disarticulation at hip		INTERVAL BETWEEN ONSET AND DEATH 4200F July-55	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30A** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) MD		23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 11-15-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/11/55		24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Pk.		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.	
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DATE REC'D BY LOCAL REG. 11-14-55		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Michael & O'Connell Hannibal Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 22 1956
MARION CO. HEALTH DEPT.
DATE FILED NOV 22 1956

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Michael J. O'Connell*

Licensed Embalmer No. *3246*

P. O. Address *Hamlet*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.