

Registration District No. 604

Primary Registration District No. 5802

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid Co. Mo.
(b) City or town Rural, 5 miles S of Portageville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether)
In this community Old Age Home years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural 5 miles S of Portageville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME STELLA MAE REED

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex FEMALE 5. Color or race C. 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife No. 6. (c) Age of husband or wife if alive No. years

7. Birth date of deceased JULY 15 - 1900
(Month) (Day) (Year)

8. AGE: Years 9 Months 9 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace New Madrid Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Child.

11. Industry or business No.

MOTHER FATHER { 12. Name JOHN MARR
13. Birthplace New Madrid Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mable Reed
15. Birthplace New Madrid Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Juvonia Reed
(b) Address Portageville Mo. Rt 1

17. (a) Burial (b) Date thereof April 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Fun Home

18. (a) Signature of funeral director W. Edwards and Co.
(b) Address New Madrid Mo.

19. (a) 4/25/41 (b) Wm C. B.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1941 hour 3:30 minute A.M.

21. I hereby certify that I attended the deceased from Apr 23, 1941 to Apr 24, 1941 that I last saw her alive on Apr 23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid hemorrhage Duration 3 days

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none
Of autopsy none

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? _____
533 (Specify type of place) While at work (e) Means of injury _____

23. Signature W. Edwards and Co. (M. D. or other) W. Edwards
Address Portageville Mo. Date signed 4-24-41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *1/6*

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.