

FILED NOV 27 1942

Registration District No. _____ Primary Registration District No. 3007

12
3

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:
609 Lindsey
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. 609 Lindsey
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Rosella Reid

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9
year 1942 hour 1 minute 30A. M.

21. I hereby certify that I attended the deceased from 1:00 AM
Nov - 9 1942 to 11-9-42: 30 AM 1942
that I last saw her alive on Nov 9. 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Fowler D. Reid 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb. 26 1896
(Month) (Day) (Year)

Immediate cause of death: Myocardial Failure Duration 1 day

8. AGE: 6 Years 9 Months 13 Days If less than one day
76 hr. _____ min.

Due to: Pneumonia, Left Lower Lobe 5-6 days

9. Birthplace: Homer La.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____

Other conditions: Seizure
(Include pregnancy within 3 months of death)

Major findings: 108

MOTHER FATHER

12. Name: J.W. Russell

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

14. Maiden name: Caroline Shaw

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

Of operations: None

Of autopsy: _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: Hames R. Reid
(b) Address: Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof: 11-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Piedmont Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence: None

(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? _____

18. (a) Signature of funeral director: Greer Croy Service
(b) Address: Poplar Bluff Mo.

19. (a) 11-18-42 (b) Belle Kinn
(Date received local registrar) (Registrar's signature)

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

23. Signature: C.H. Porter (M.D. or other) _____
Address: Poplar Bluff, Mo. Date signed: 11-9-42

RECEIVED

District Health Office No. 2,

District File Number 1142-1477

Date Filed 11-20-42

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 Wallace W. Fitch

Licensed Embalmer No. 3859

P. O. Address Baylar Bluff 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.