

FILED JAN 10 1944

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 228

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montrose Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 day (Specify whether
In this community 25 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Montrose Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLIE GROVER READING

3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-10-2490

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lillian Reading 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Apr 26 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 11 hr. _____ min.

9. Birthplace Louisey City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Section Foreman

11. Industry or business _____

MOTHER FATHER { 12. Name George Washington Reading
13. Birthplace Springfield Ill
(City, town, or county) (State or foreign country)
14. Maiden name Susie Jane Reel
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs K. W. Kahn

(b) Address Dewey Okla

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Capleton City Mo

18. (a) Signature of funeral director Wesley Ben

(b) Address Montrose Mo

19. (a) December 6 1943 (Date received local registrar) Georgia Kitchen (Registrar's signature) S. K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 1943
year _____ hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 26, 1937, to Dec 1, 1943
that I last saw him alive on Dec 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis Duration _____
cardiac decompensation
Due to Ch. bronchitis

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

Major findings: 93d
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

23. Signature W. E. Baggerly (M. D. or other) MD
Address Montrose Mo Date signed 12-3-43

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

MAY 8 1944

Dist. No. 7
12-43-1449
Date 1-8-44

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 *J. M. C.*
on the 2nd day of Dec. 1943
working under my personal supervision.

Signed *Frank Lee*

Licensed Embalmer No. *1299*

P. O. Address *Appleton City, Wis.*

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.