

FILED AUG 19 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 4165

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Daviess

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

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Several Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Gallatin 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Idress Sears Reed

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 J. Damon Reed

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased May 26 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>1</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Callio Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name William H. Sears

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

14. Maiden name Druscilla Ratliff

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

16. (a) Informant Mrs. Leon Crawford

(b) Address Gallatin, MO.

17. (a) Burial (b) Date thereof 7-17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaPlata Missouri

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

(b) Address Gallatin Missouri

19. (a) 7-20-1944 (b) L. O. Dickerson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1944 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from November 6, 1943, to July 15, 1944,
that I last saw her alive on July 14, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration _____

Due to _____

Due to _____

Other conditions Hypertension Senile Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

167a

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 Fred R. Wilson (M. D. or other) _____
Address Winston, Missouri Date signed 7-20-44

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

1084

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

L. C. Peterson
.....
Licensed Embalmer No. 3307

P. O. Address.....
Galatia 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.