

FILED JAN 31 1945

Registration District No. 27.5

Primary Registration District No. 5836

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Rura, Neosho TWP.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73  
(c) City or town Rura 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Neosho Mo. R.#. 4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Wesley Reding

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mertie Reding 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased Feb 18 1896  
(Month) (Day) (Year)

8. AGE: Years 48 Months II Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name James Reding  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Isabel Spears  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mertie Reding  
(b) Address Neosho MO, R.#. 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-1945  
(Month) (Day) (Year)  
(c) Place: burial or cremation Beairst Cemetery

18. (a) Signature of funeral director Chas. W. Williams  
(b) Address Goodman MO.

19. (a) 1-24-1945 (Date received local registrar) (b) Cozy Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20th,  
year 1945 hour 7 minute 0.4 M.

21. I hereby certify that I attended the deceased from July 10<sup>th</sup> 1944 to Nov 21 1944  
that I last saw him alive on Nov 21 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 1 hour  
Myocarditis 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
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) (b) Means of injury \_\_\_\_\_  
23. Signature John B. Roberts (M. D. or other) SO.  
Address P.O. Box 294, Neosho, Mo. Date signed Jan. 22 - 45

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

300

RECEIVED JAN 29 1945

District Health Officer No. \_\_\_\_\_

District File Number 145-7

Date Filed JAN 29 1945

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

*Marjellen Williams Puckett*

Licensed Embalmer No. 4166

P. O. Address Toolman, 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.