

S. No. 2  
M-8-43  
7-5-17-39  
S-I X37823

30303

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED** OCT 10 1945  
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 297

1. PLACE OF DEATH:  
(a) County Loape Girardeau  
(b) City or town Loape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 Mo.  
(Specify whether years, months or days)  
In this community 20 years.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Loape Girardeau  
(c) City or town Loape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. 124 No Boulevard  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME MAUDE J. REED  
3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife A. S. Reed 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased Oct. - 5 - 1888  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9 day 22  
year 45 hour 8 minute 0 P.M.  
21. I hereby certify that I attended the deceased from 1-24 1945 to 9-22 1945  
that I last saw her alive on 9/22/45 and that death occurred on the date and hour stated above.  
Duration  
Immediate cause of death Cancer of breast

8. AGE: Years Months Days If less than one day  
56 11 17 hr. min.  
9. Birthplace Galma Mo. (I)  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife  
11. Industry or business Home  
12. Name W. L. Dellinger  
13. Birthplace Loape Girardeau Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Barber Club  
15. Birthplace Bollinger Co. Mo.  
(City, town, or county) (State or foreign country)  
16. (a) Informant A. S. Reed  
(b) Address Loape Girardeau Mo  
17. (a) Burial (b) Date thereof Sept 24 - 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park  
18. (a) Signature of funeral director Walther's Und. Co.  
(b) Address Loape Girardeau Mo.  
19. (a) 9-24-45 (b) F. W. Phelps  
(Date received local registrar) (Registrar's signature)

Due to Cancer of breast  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Major findings: Of operations 5-D  
Of autopsy 5  
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) (c) Means of injury .....  
23. Signature [Signature] (M. D. or other)  
Address [Signature] signed [Signature]

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

RECEIVED

Health Officer No. 4  
District File Number 1045-1166  
Date Filed 10-6-45

MAR 11 1946

AUG 7 1951

**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 Virgil H. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - 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.**