

**FILED** JUL 10 1946

Registration District No. 178

Primary Registration District No. 3033

Registrar's No. 5051308

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wallace Memorial O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede  
(c) City or town Lebanon  
(If outside city or town limits, write "RURAL")  
(d) Street No. R# 5  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Jane Reid

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife G.E. Reid 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased June 9 1884  
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Joseph Glam 9  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Emily Adams  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant G.E. Reid 1  
(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 6-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cross Roads

18. (a) Signature of funeral director W.E. Neelman  
(b) Address Lebanon Mo.

19. (a) 6-3-46 (b) Dr. Frankburger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1946 hour 100 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5/28/46 19. to 5/31/46 19. ;  
that I last saw her alive on 5/31/46 19. ;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Uremia 5 Days

Due to Hypertensive Curdis - Renal Vascular disease 1 yr +

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
Of autopsy 13/0

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) (c) Means of injury \_\_\_\_\_

23. Signature John W. Beckham, M.D. (M.D. or other)  
Address 118 W. Commercial Date signed 5/31/46

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

MOTHER FATHER

Received 7-5-46

Laclede County Health Unit

File No. 5-46-78

Date Filed 7-8-46

**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 *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon 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.