

U.S. No. 2
OM-5-43
REV. 5-17-39
P. 1 X36671

State File No.

FILED JAN 9 1947
128

Registration District No.

Primary Registration District No.

2000

Registrar's No. 1050

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

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

(c) Name of hospital or institution:
716 E. Dale St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **60 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield**
(If outside city or town limits, write "RURAL") **6**

(d) Street No. **716 E. Dale St.** (If rural, give location) **1**

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **JOHN THOMAS REED**

3. (b) If veteran, name war **None**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **28th**
year **1946** hour **11:55 A.M.** minute _____ M.

4. Sex **male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Reed**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **February 9, 1876**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12-11-** 19**46** to **12-28-** 19**46**
that I last saw him alive on **12-23-** 19**46**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	70	10	19	hr. _____ min.

Immediate cause of death **Mal. nutrition**
Senility Duration **6 mo.**

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

10. Usual occupation **Retired Coppermith**

11. Industry or business **Frisco Railroad**

12. Name **John Reed**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **NO RECORD**

15. Birthplace **no record**
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

16. (a) Informant **Mrs. Mary Reed**

(b) Address **716 E. Dale St., Springfield, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 31, 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director **Fred C. Thieme**

(b) Address **Springfield, Mo.**

19. (a) **12-31-46** (Date received local registrar)

(b) **[Signature]** (Registrar's signature)

Major findings: **162 B**

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? **0**

While at work? _____ (Specify type of place)

(e) Means of injury **✓**

23. Signature **C. E. Fuller** (M. D. or other)

Address **Springfield, Mo.** Date signed **12-28-46**

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

MOTHER FATHER

JAN 13 1947

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..... *Fred C. Pieme*

Licensed Embalmer No. ~~3651~~ 2899

P. O. Address..... Springfield, 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.