

FILED APR 4 1947

Registration District No. 93

Primary Registration District No. 4154

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Oade
(b) City or town Greenfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Oade
(c) City or town Greenfield mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Branch Reece

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Hiram Price Reece 6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased March 4 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 22 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Union Star mo (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business

12. Name John Branch
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Susannah Branch
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Helen Brown
(b) Address Greenfield mo
17. (a) Burial (b) Date thereof Mar 29-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Star mo

18. (a) Signature of funeral director W.R. Allison
(b) Address Greenfield mo
19. (a) 3-27-47 (b) Geo D. Hart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1947 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from 3-23 1947 to 3-26 1947
that I last saw her alive on 3-26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Senility
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93E
Of autopsy _____

Duration

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 2

23. Signature Wm. H. Shockey (M. D. or other) DO.
Address Greenfield Mo. Date signed 3-28-47

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

9
8

MOTHER FATHER

99

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 W. R. Allison.....

Licensed Embalmer No. 4404.....

P. O. Address Sheffield, 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.