

REC'D JUL 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21603

Do not use this space.

1. PLACE OF DEATH

(a) County Christian Registration District No. 185-
 (b) Township Linden Primary Registration District No. 525-9 Registered No. _____
 (c) City Near Sparta (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred Months (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5 Mile North Sparta Mo. St. 300 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ella Keller Reed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4 - 1865

7. AGE YEARS 73 MONTHS 4 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) May 31 - 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas County, MissouriFATHER 13. NAME William Reed14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknownMOTHER 15. MAIDEN NAME Mary Crockett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mrs. Ella Reed, Sparta, Mo. R.F.D.18. BURIAL, CREMATION, OR REMOVAL PLACE Keller County, June 2, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) B. J. Klepper, Ozark, Mo.20. FILED 7-5 1938 Josephine Marritt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 - 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Had no physician until after death. No diagnosis

Date of onset

Other contributory causes of importance: 2008-Name of operation _____ Date of _____ 760

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) [Signature], M. D._____ (Address) Sparta, Mo.

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,

B. C. Klepper

Forest Klepper

....., or by

Registered Apprentice No. **143**, working under my personal supervision.

Signed

B. C. Klepper

Licensed Embalmer No. **Mo. 2178**

P. O. Address **Ozark, Missouri**

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, above space should be left blank.