REC'D AUG 22 1938

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

24846

Do not use this space.

11

1. PLACE OF DEATH
   (a) County BUCHANAN 1 Registration District No. 86
   (b) Township WASHINGTON Primary Registration District No. 5127 Registered No. 43
   (c) City INDUSTRIAL CITY (d) Street No. ..... St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOSEPH ALEXANDER REED. 300
   (a) Residence, No. INDUSTRIAL CITY St. ☐ .....
   (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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. GRACE REED.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11 - ~~24~~ 25 - 1875

7. AGE: YEARS 62 MONTHS 8 DAYS ~~13~~ 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BARBER
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) .....
11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) BUTLER (STATE OR COUNTRY) BATES CO. MO 0

FATHER
13. NAME J. R. REED 1
14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) OHIO 9

MOTHER
15. MAIDEN NAME MARY J. FORBES
16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS J. A. REED (ADDRESS) INDUSTRIAL CITY MO

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE SAVANNAH MO DATE 8-9- 1938

19. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO

20. FILED Aug 10 1938 Myrtle M. Hanson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1938, to Aug 7, 1938
I last saw him alive on Aug 5, 1938 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

General Arteriosclerosis — Date of onset unknown

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Other contributory causes of importance:
Broken Cardiac Compensation
Diabetes

Name of operation None Date of None
What test confirmed diagnosis? Clinical + laboratory Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) S. E. Meluney, M. D.
(Address) 401 Ballinger Bld. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No. 1279

working under my personal supervision.

Signed J. Fred Terhune

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)