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.

DEC 21 1938

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

40093
Do not use this space.

1. PLACE OF DEATH
(a) County Pulaski — Registration District No. 713
(b) Township — Primary Registration District No. 442-8 — Registered No.
(c) or City Waynesville — (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 300 George Marcellus Hamilton Reed
(a) Residence, No. Waynesville, Mo. 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: 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: Sarah Reed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 24, 1855
7. AGE: YEARS 83 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Attorney
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kirbyville, Ohio

FATHER
13. NAME: John K. Reed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Sarah Burdsall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio, Ohio

17. INFORMANT (ADDRESS): Roy W. Reed, Crocker, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Crocker Cem. DATE: Nov. 25, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. L. Hoops & Sons, Crocker, Mo.
20. FILED 11/24 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 23, 1938.
22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1938, to Nov. 23rd, 1938. I last saw him alive on Nov 23rd, 1938. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/13/38

Other contributory causes of importance: Hemiplegia

Name of operation: — Date of: —
What test confirmed diagnosis: Physical — Was there an autopsy? no

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) C. G. [signature], M. D.
(Address) Waynesville

(Licensed Embalmer's Statement on Reverse Side)

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

Paul B. Hoops, Registered Apprentice No.

working under my personal supervision.

Signed Paul B Hoops

Licensed Embalmer No. 3261

P. O. Address Crocker, Mo.

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

If this body is not embalmed, above space should be left blank.