

REC'D JAN 13 1939

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

41939
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 5005
 (c) City K. C. Mo. (d) Street No. 107 Ward Parkway 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 Charles Morton Reed
 (a) Residence, No. 107 Ward Parkway 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>83</u>	<u>1</u>	<u>15</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Youngstown, Ohio
(STATE OR COUNTRY)

FATHER

13. NAME Clark Reed

14. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Margaret Winans

16. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

17. INFORMANT Miss Margaret Reed
(ADDRESS) 107 Ward Parkway

18. BURIAL, CREMATION, OR REMOVAL PLACE Knobnoster, Mo. DATE Dec. 23, 1938

19. FUNERAL DIRECTOR (NAME) C. L. Sauls
(ADDRESS) Knobnoster, Mo.

20. FILED Dec 24 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1938, to Dec 23, 1938
 I last saw him alive on Dec 23, 1938. Death is said to have occurred on the date stated above, at 2:00 pm.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Thrombosis
9415

Date of onset

Other contributory causes of importance:
Chronic arteriosclerosis

Name of operation no Date of

What test confirmed diagnosis? usual 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? 1
 If so, specify
 (Signed) J. E. Knapp, M. D.
 (Address) 934 Olive St.
J. E. Knapp

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X16605

Dr. Knappenberger
8330 Holmes,

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.....

Licensed Embalmer No.....

P. O. Address.....

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.