

1939 DEC 12 1939

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

39862  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
 (b) Township Blue Primary Registration District No. 3054  
 (c) City Independence (d) Street No. 1205 E. Walnut 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.

Registered No. 347

2. PRINT FULL NAME 303 Grear Lyle Reed

(a) Residence, No. 1205 E. Walnut St.  (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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Violet Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
67 6 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman  
 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) Unknown  
 (STATE OR COUNTRY) Louisiana

FATHER 13. NAME William Reed  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Grace M. Lyle  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Raymond Latham  
 (ADDRESS) 1205 E. Walnut

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Memorial Park DATE Nov. 22, 1939

19. FUNERAL DIRECTOR (NAME) Cato & Speaks F. Home  
 (ADDRESS) Independence, Missouri

20. FILED 11-21-39 J. L. Cook  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1939, to Nov. 20, 1939  
 I last saw him alive on Nov. 19, 1939 Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Encephalitis  
(non-infectious)

Date of onset Do not know

Other contributory causes of importance: 786

Name of operation..... Date of.....  
 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) Embalsmer M. D.  
 (Address) Indep Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

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

Signed Robert P. Speaks  
Licensed Embalmer No. 3604  
P. O. Address Indip, 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, above space should be left blank.**