. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11218

APR 23 1940

Registration District No. 400

Primary Registration District No. 55530

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Jackson Prairie Twp

(b) City or town Little Blue, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ weeks (Specify whether years, months or days)

In this community About 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo. (If outside city or town limits write "RURAL")

(d) Street No. 8046 Euclid (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Reeder, John. F. 360

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clara Reeder

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 1867 (Month) — 7th (Day) Feb (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	10	hr. min.

9. Birthplace Louisa Co (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Contractor & Builder

11. Industry or business

FATHER
12. Name Abraham Reeder
13. Birthplace Penn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Reeder
15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Reeder

(b) Address 8046 Euclid

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 3-19-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3811 Broadway

19. (a) 3/19/40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1940 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from Feb 29th, 1940, to March 17, 1940 that I last saw him alive on March 17th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Prostate	1 yr.
Hydrothorax	8 hrs
Due to Terminal Hypostatic Pneumonia	8 hrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 937 (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank C. Treharne, MD (M. D. or other)

Address Little Blue Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Langford
Flower Shoppe
Lapo Summit
#50

Dr. [illegible]

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 Roscoe H Keeler

Licensed Embalmer No. 3738

P. O. Address K.C. 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.