

No. 2
11-10-39
5-17-39
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FILED MAY 24 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15092**

Registration District No. **398**

Primary Registration District No. **5554**

Registrar's No. **182**

1. PLACE OF DEATH:
 (a) County **Jackson Blount**
 (b) City or town **Independence**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Stase & Hayward
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2**
 (Specify whether years, months or days) **9 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Independence Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Route # 4 - Box 120**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **MRS. INEZ MARY REED**
 (b) If veteran, name war _____ (c) Social Security No. **630**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **4**
 year **1940** hour **11:50** minute **A. M.**

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced, married
6. (c) Age of husband or wife if alive **46 years**
7. Birth date of deceased **Jan - 21 1883**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 1937**
 to **May 4**, 19**40**
 that I last saw her alive on **May 4**, 19**40**
 and that death occurred on the date and hour stated above.

8. AGE: Years **56** Months **3** Days **13**
 If less than one day hr. _____ min. _____

Immediate cause of death: **Metastatic Carcinoma of Liver, Lungs & Spleen**
Due to Primary Carcinoma of the Transverse Colon
Operated upon Aug 1937
Other conditions: **Cachexia** **4 1/2 yrs**
 (Include pregnancy within 3 months of death)

9. Birthplace **Candlen Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **at home**
11. Industry or business
12. Name **Asa C. Burnette**
13. Birthplace **Dennessville**
 (City, town, or county) (State or foreign country)
14. Maiden name **Laura Meredith**
15. Birthplace **No record**
 (City, town, or county) (State or foreign country)

Major findings: **Transverse Colon Aug 1937**
Of operations: **Transverse Colon Aug 1937**
Of autopsy: **As above described**
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Fred Reed**
(b) Address **Route # 4 - Box 120**
17. (a) Burial **(b) Date thereof** **3/6/40**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Candlen Mo.**
18. (a) Signature of funeral director **George C. Carson**
(b) Address **Independence Mo**
19. (a) May 6/40 **(b) W. L. Cook**
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence **Aug 1937** **Self obstruction**
(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?
360 **no** (Specify type of place)
 While at work? **no** (c) Means of injury _____
23. Signature **Fred Reed** **(M.D. or other)** **1**
Address **Independence Mo** **Date signed** _____

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

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 *Frank T. [Signature]*
Licensed Embalmer No. *2467*
P. O. Address *Independence, 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.