S. No. 2
—11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21534

Registration District No. 203 Primary Registration District No. 4122 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Smithville (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Jefferson Highlands Gashland, Missouri (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME John Clarence Reber 160

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maude Bullock

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 3, 1874 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	0	22	hr. min.

9. Birthplace Mifflinburgh, Pa. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired 2 years

11. Industry or business Same as above

FATHER
12. Name John Reber
13. Birthplace (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Susannah J Slear
15. Birthplace Mifflinburgh (City, town, or county) Pa. (State or foreign country)

16. (a) Informant Mrs J C Reber

(b) Address Gashland Missouri RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Smithville, Missouri

18. (a) Signature of funeral director McComas Mortuary

(b) Address Smithville, Missouri

19. (a) 6-27-1940 (Date received local registrar) (b) E. C. Hill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1940 hour 11:45 A M minute M.

21. I hereby certify that I attended the deceased from April 26, 1940 to June 25, 1940; that I last saw he alive on June 25, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Deseminated Sclerosis of Spinal Cord & Hypertrophy

Due to Prostate

Other conditions (Include pregnancy within 3 months of death) 8 W

Major findings:
Of operations
Of autopsy No

Duration

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? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature A. E. Spelman (M. D. ~~or other~~)

Address Smithville, Mo Date signed 6-26-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-15-40

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 Owen Boggess Jr.

Licensed Embalmer No. # 3940

P. O. Address Smithville, Missouri

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.