DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

JUL 15 1940

State File No. 22366

Registration District No. 6 0 5 7

Primary Registration District No. 4359

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid Co.

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Rural
(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 Catherine Inez Reed 300

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 9 (Day) 1940 (Year)

8. AGE: Years | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace Parma (City, town, or county) Mo. (State or foreign country) O

10. Usual occupation S

11. Industry or business O

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

MOTHER
14. Maiden name Blanch Lemnick
15. Birthplace Parma (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Blanch Lemnick

(b) Address

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 28 (Day) 1940 (Year)

(c) Place: burial or cremation Parma Cem.

18. (a) Signature of funeral director Walkers Fun Serv.

(b) Address Parma, Mo.

19. (a) 6-28-40 (Date received local registrar) (b) Geo W. Husted (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 27 year 1940 hour 4 P.M. minute M.

21. I hereby certify that I attended the deceased from 6-22, 1940, to 6-27, 1940, that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Colitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 534 (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. Geo. W. Husted (M. D. ~~or other~~) 1

Address Parma, Mo Date signed 6/27/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 2
District File Number 740-122
Date Filed 7/10/40

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.....

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.