

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
AUG 10 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25150

State File No. \_\_\_\_\_

Registration District No. 314

Primary Registration District No. 4190

Registrar's No. 18

I. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Stoberry 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 \_\_\_\_\_  
In this community 35 years (Specify whether years, months or days) 7/2/40

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry  
(c) City or town Stoberry  
(If outside city or town limits, write "RURAL")  
(d) Street No. Alonzo Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ✓ \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Miss Nannie Bell Reed

3. (b) If veteran, name war ✓ 3. (c) Social Security No. NONE

4. Sex H 5. Color or race W 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 Oct 18 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 8 14 ✓ hr. ✓ min.

9. Birthplace Weston MO  
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jackson Reed

18. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Dorah Clemmons

15. Birthplace Weston MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Hughes  
(b) Address Stoberry Mo

17. (a) \_\_\_\_\_ (b) Date thereof 7/2/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Stoberry MO

18. (a) Signature of funeral director D. E. Blacklock  
(b) Address Stoberry Mo

19. (a) 7/3/40 (b) \_\_\_\_\_  
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1940 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from ant 12 1940 to July 2 1940:  
that I last saw ✓ alive on June 2 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Cervix

Due to ✓

Due to ✓

Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

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?  
281 (Specify type of place) \_\_\_\_\_  
While at work? ✓ (e) Means of injury ✓

23. Signature D. E. Blacklock (M. D. or other) ✓

Address King City MO Date signed 7/2/40

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

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

0668

RECEIVED  
District Health Officer No. 11,  
District File Number 840-1028  
Date Filed AUG 5 1978

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 Leroy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Staten Island, N.Y.

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.