

No. 2  
4-13-40  
-17-39  
I X25159

REGISTERED 12 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
HEALTH AUG 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27896

Registration District No. 59

Primary Registration District No. 5094

Registrar's No. 26

1. PLACE OF DEATH:  
(a) County Benton  
(b) City or town Cole Camp, Mo. Rural  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 39 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Benton  
(c) City or town Cole Camp, 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 Noah B. Reedy 3rd  
(b) If veteran, name war X (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 14  
year 1940 hour 11 minute 40 A. M.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife EVA F. Reedy 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Sept. - 30 - 1857  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug - 15 1940 to Sept. 14 1940;  
that I last saw him alive on Sept. 9th 1940;  
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 11 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Arteriosclerotic Heart Disease Duration 15 yrs.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation FARMER

Other conditions Arthritic Bronchial  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
12. Name William Reedy 9  
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Merlin Reedy  
(b) Address Cole Camp, Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) BURIAL (b) Date thereof Sept. 14 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Mt. Olivet

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

18. (a) Signature of funeral director J. B. Calvert  
(b) Address Lincoln Mo.  
19. (a) Sept. 14 - 1940 (b) Sue Selover  
(Date received local registrar) (Registrar's signature)

23. Signature J. D. Bennett M.D. (M. D. or other) M.D.  
Address Cole Camp Mo. Date signed 10-14-40

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 J. B. Calvert,  
Licensed Embalmer No. 2500

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, fact should be so stated above.**