No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28085

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 267

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 6 Hours
In this community 2 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wayne
(c) City or town Lodi 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 James Phillip Reed
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
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 July (Month) 8 (Day) 1901 (Year)

8. AGE: Years 34 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Jamesville Ill (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name James B. Reed
13. Birthplace Jamesville Ill (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Leona Sheppard
15. Birthplace Newton Ill (City, town, or county) (State or foreign country)
16. (a) Informant John Reed
(b) Address Lamith Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug 31-40 (Month) (Day) (Year)
(c) Place: burial or cremation Coldwater Mo
18. (a) Signature of funeral director Frank Undt. Co
(b) Address Poplar Bluff Mo
19. (a) 8-31-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31 year 1940 hour 12 30 minute A M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Internal Hemorrhage
Shock
Due to Shot Gun wound
lower abdominal cavity
Due to
Other conditions
(Include pregnancy within 3 months of death) N/A

Major findings:
Of operations Intestinal perforation
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) Homicide
(b) Date of occurrence Aug. 30-1940
(c) Where did injury occur? Wayne Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No (e) Means of injury Shot Gun
23. Signature Grover W. Green (M. D. or other) Coroner
Address Poplar Bluff, Mo Date signed 8/31-40

(Licensed Embalmer's Statement on Reverse Side)

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 Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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, fact should be so stated above.