

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28384

Registration District No. 249

Primary Registration District No. 5346

Registrar's No.

1. PLACE OF DEATH: Daviess *Salem, Mo.*
 (a) County: Daviess
 (b) City or town: *2 1/2 Miles S & W Coffey, 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. *2*
 (Specify whether
 In this community *62 years*
 years, months or days)

3. (a) PRINT FULL NAME Ora Bell Read *300*

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elmer W. Read (Deceased) 6. (c) Age of husband or wife if alive years 23 1877

7. Birth date of deceased. 9 (Month) 23 (Day) 1877 (Year)

8. AGE: Years 62 Months II Days 2 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Peter Merritt

13. Birthplace Virg (City, town, or county) (State or foreign country)

14. Maiden name Ellen Garrett

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

16. (a) Informant M.L. Read

(b) Address Coffey Mo

17. (a) Burial (b) Date thereof 8/28/40 (Month) (Day) (Year)

(c) Place: burial or cremation Coffey, Mo.

18. (e) Signature of funeral director E. Schorner

(b) Address pattonsburg, Mo.

19. (a) Sept 9 (Date received local registrar) (b) M. A. Cunningham (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Daviess
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. *2 1/2 Miles S & W of Coffey, Mo.*
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 25/40
 year hour 8 minute 30 P.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.

Immediate cause of death Gun shot wound

Duration

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 170

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) Homicide

(b) Date of occurrence Coffey Daviess

(c) Where did injury occur? Coffey Daviess (City or town) (County) (State)

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

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

23. Signature (M. D. or other)

Address Pattonsburg, Mo. Date signed 8/30/40

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

RECEIVED
District Health Officer No. 11,
District File Number 940-1396
Date Filed SFD 12 1940

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 E. Bromer
Licensed Embalmer No. 2857
P. O. Address Duttonsburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **28389**

Registration District No. **249**

Primary Registration District No. **6346**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Salem, 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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Orabell Reed

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years <u>62</u>	Months <u>11</u>	Days <u>2</u>	If less than one day _____ min.
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9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Sept. 9, 1946 (b) Mrs. H. Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 25 year 1946 hour 8 minute 8 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound inflicted by her son

Due to Homicide

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 1778

Major findings: Of operations _____

Of autopsy _____

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) Homicide

(b) Date of occurrence _____

(c) Where did injury occur? near Coffey, Kansas 1120
(City, town) (County) (State)

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

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

23. Signature Frank Hedges (M. D. or other) _____
Pattersonburg

Address _____ Date signed 10/17/46
Coroner - Kansas County, Mo

SUPPLEMENTARY

