

No. 2
1-12-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34839

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1102

FILED NOV 12 1940

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution 2323 South 6th

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none

In this community 7 months

(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Sander Reed

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased Sept 2, 1861

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>1</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Nemaha County Nebr

(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Richard Reed

13. Birthplace Indiana

(City, town, or county) (State or foreign country)

14. Maiden name Sarah Hunt

15. Birthplace Ohio

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joy Apple gate

(b) Address 2323 South 6th St

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 10-18-40

(Month) (Day) (Year)

(c) Place: burial or cremation Auburn, Nebr

18. (a) Signature of funeral director Tracy Barry Funeral Home

(b) Address 218 South 10th St

19. (a) Oct 18, 1940

(Date received local registrar)

(b) W. J. Nestlebrook

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 2323 South 6th St

(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16

year 1940 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from August, 1940, to Oct 16, 1940;

that I last saw him alive on Oct 14, 1940;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Arteriosclerosis?

Psychic

Hypertrophied prostate

Due to 12/10

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Duration
<u>2 mo.</u>
<u>?</u>
<u>?</u>

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? _____

23. Signature Wilton E. M. Donald (M. D. number) 1

Address 301 N. 8th St. ST. JOSEPH

Date signed 10/17/40

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

Victor Barry

Registered Apprentice No.

252

working under my personal supervision.

Signed

John E. Myers

Licensed Embalmer No.

8220

P. O. Address

St. Joseph, Md.

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.