

S. No. 2
4-13-40
v. 5-17-39
I X23159

38501

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 5 - 1940

Registration District No. 304

Primary Registration District No. 3013

Registrar's No. 41

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

1. PLACE OF DEATH: Clinton
 (a) County: Clinton
 (b) City or town: Cameron
 (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 _____ years, months or days 2

3. (a) PRINT FULL NAME: LAURA ELLEN REED
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: Female 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Widowed
 6. (b) Name of husband or wife: Tom Reed 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Jan 19 1861 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 10 If less than one day _____ min.

9. Birthplace: Montgomery Co Ill (City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business: _____
 12. Name: Daniel Steel
 13. Birthplace: unknown Ky (City, town, or county) (State or foreign country)
 14. Maiden name: Elsie Claster
 15. Birthplace: unknown Tenn (City, town, or county) (State or foreign country)

16. (a) Informant: Walter E. Price
 (b) Address: Cameron Md

17. (a) Burial (b) Date thereof: Oct 31 1940 (Month) (Day) (Year)
 (c) Place: burial or cremation: Wamsley Cem

18. (a) Signature of funeral director: O. W. Moore
 (b) Address: Cameron Md

19. (a) Oct 30 1940 (Date received local registrar) (b) O. W. Moore (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo (b) County: Clinton
 (c) City or town: Cameron (If outside city or town limits, write "RURAL")
 (d) Street No.: No Main (if rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 29 year 1940 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 26 1940 to Oct 29 1940 that I last saw her alive on Oct 28 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory degeneration
 Duration: 8 years

Due to: _____
 Due to: ADW
 Other conditions: _____ (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 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? Yes

While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature: A. O. Gilliland (M. D. or other) _____
 Address: Cameron Md Date signed: Oct 30 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 _____

Licensed Embalmer No. 1180

P. O. Address Cameron, 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.