

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39272

DEC 16 1940

Registration District No. 582

Primary Registration District No. 5779

Registrar's No. 41

1. PLACE OF DEATH:

- (a) County MONROE-JACKSON 2
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9 MI. S.E. OF PARIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
34 yrs. (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME KITTY ANN REID3. (b) If veteran,
name war ✓3. (c) Social Security
No. NONE4. Sex FEMALE
Color or race WHITE6. (a) Single, widowed, married,
divorced MARRIED6. (b) Name of husband or wife
WM C. REID6. (c) Age of husband or wife if
alive 82 years7. Birth date of deceased DEC 16, 1858
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
81 11 10 hr. min.9. Birthplace Monroe Co. Mo.
(City, town, or county) (State or foreign country)10. Usual occupation AT HOME11. Industry or business ✓12. Name THOS. BOZARTH U13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name RACHEL DYE15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ray A. Reed(b) Address PARIS, Mo.17. (a) BURIAL (b) Date thereof Nov. 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation PLEASANT HILL18. (a) Signature of funeral director Speed of Lahey(b) Address PARIS, Mo.19. (a) 11-27-40 (b) F. A. Barnett, Mo.
(Date received local registrar) (Registrar's signature) F. A.

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 9 MI. S.E. OF PARIS
0 (If rural, give location)
(e) If foreign born, how long in U. S. A? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26th
year 1940 hour 10:40 minute 8 M.21. I hereby certify that I attended the deceased from Dec 24
1936 to Nov 26, 1940that I last saw her alive on Nov 26, 1940

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

Immediate cause of death Cerebral apoplexy Duration 4 yrsDue to arteriosclerosisDue to StrokeOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations —Of autopsy —

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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?
0/0 (Specify type of place) (e) Means of injury —
While at work? (d) Means of injury23. Signature Mc Mc Murray (M. D. co-signer) 1Address Paris Mo Date signed 11-27-40

RECEIVED

District Health Officer No. 10

District File Number 12-40-2312

Date Filed DEC 13 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. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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, above space should be left blank.