No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42837

Registration District No. 407 Primary Registration District No. 4241 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carterville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 140 East Main (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) 0

In this community 25 years 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carterville (If outside city or town limits, write "RURAL")

(d) Street No. 140 East Main Street (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Pearl Reed

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 .....

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

7. Birth date of deceased February 3, 1887 (Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation At home 9

11. Industry or business home 9

MOTHER FATHER

12. Name George Squires 1

13. Birthplace no data (City, town, or county) no data (State or foreign country)

14. Maiden name Johanna Isles

15. Birthplace no data (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Son Ted Reed

(b) Address Carthage, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/7/40 (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) Dec. 10-1940 (Date received local registrar) (b) J. W. Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th year 1940 hour 2:25 minute A. M.

21. I hereby certify that I attended the deceased from 11/9, 1940, to 12-5, 1940 that I last saw her alive on 12-4, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 Mo
Due to Hypertension & Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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) .....

(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? 3 1/9 (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature B. A. Dumbauld (M. D. or other) 1

Address 114 N. Webb Webb City Mo Date signed 12/6-40

(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 E. M. Hedge, Registered Apprentice No. ..... working under my personal supervision.

Signed E. M. Hedge

Licensed Embalmer No. 2859

P. O. Address Neb City

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

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