No. 2
4-13-40
5-17-39
PI X23159

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

APR 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10053

Registration District No. 78 Primary Registration District No. 51158 Registrar's No. 6

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Township (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community age of life 1 years, months or days)

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

3. (a) PRINT FULL NAME Anna Mae Reed.
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F, 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 5 (Month) 14 (Day) 1940 (Year)

8. AGE: Years | Months 10 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Boone Co (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
MOTHER FATHER
12. Name Howard Reed
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
14. Maiden name Lucille Leve.
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Howard Reed
(b) Address Columbia Mo #6
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 19 (Day) 41 (Year)
(c) Place: burial or cremation New Providence
18. (a) Signature of funeral director Parker's
(b) Address Columbia Mo
19. (a) 3-25-1941 (Date received local registrar) (b) MARY MANGELL (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 17th year 1941 hour 5:40 minute 1 a. M.
21. I hereby certify that I attended the deceased from birth to death, 19..., to 3-17-, 1941; that I last saw her alive on 3-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial — Duration two weeks
Due to Undernourishment Causes unknown
Due to
Other conditions (Include pregnancy within 3 months of death) 107
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Stephen D Seerich (M. D. or other)
Address Columbia Mo. Date signed

(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~~.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4132

P. O. Address Columbia, M

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.