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7-39  
X28390

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Dr. Alex VanRavenwaay Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 Weeks.  
(Specify whether  
In this community All of life.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 027  
(c) City or town Boonville 1  
(If outside city or town limits, write "RURAL.") 2  
(d) Street No. 800 Third St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --- 0

3. (a) PRINT FULL NAME Walter Reed.

3. (b) If veteran. name war --- 3. (c) Social Security No. 497-12-5104

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel Rankin Reed 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov. 9th. 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 9 13 hr. min.

9. Birthplace Cooper County Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Hardware Store.

MOTHER FATHER

12. Name John Reed.

13. Birthplace Ohio.  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Hull.

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

16. (a) Informant Mrs. Walter Reed.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Aug. 24<sup>th</sup>/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Hollar  
(b) Address Boonville, Mo.

19. (a) 8-24-41 (b) St. Schaefer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22<sup>nd</sup> year 1941 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Aug 8 1941 to Aug 22. 1941;  
that I last saw him alive on Aug 22. 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion. Duration 30 min.

Due to Chronic Myocarditis ?

Due to .....

Other conditions Prostatic hypertrophy & complete retention 7 yrs.  
(Include pregnancy within 3 months of death)

Major findings: 137a  
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 0

23. Signature Gibrey H. Wells (M. D. or other) 0  
Address Boonville, Mo. Date signed Aug. 23 1941

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-11-41

**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 *J. H. Goodman*  
Licensed Embalmer No. *1178*  
P. O. Address *Boonville*

**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.**