

3. No. 2  
-11-10-39  
5-17-39  
-I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38514

State File No. \_\_\_\_\_

DEC 17 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

I. PLACE OF DEATH:

(a) County Jasper,  
(b) City or town Joplin, (City)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Brown 2nd  
(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)

3. (a) PRINT FULL NAME Wm. P. Reed,

8. (b) If veteran, name war no. 8. (c) Social Security No. no

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

6. (b) Name of husband or wife Dicie 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. 15, 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Miner,

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Reed,  
13. Birthplace North Carolina,  
14. Maiden name Nancy Lail, (State or foreign country)  
15. Birthplace North Carolina,  
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Reed  
(b) Address 1804 N.W. 1st Oronogo, Mo.

17. (a) Oronogo, Mo., (b) Date thereof Dec. 2, 1941  
(Burial, ~~cremation, or other~~) (Month) (Day) (Year)  
Oronogo, Mo.,

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Francis J. Fisher, D.D.S.  
(b) Address \_\_\_\_\_

19. (a) 12-2-41 (b) Ed L. Jarrett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 25  
(c) City or town Joplin, 2  
(If outside city or town limits, write "RURAL") 3-  
(d) Street No. 810 W. 2nd. St.,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30  
year 1941 hour 1:55 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov. 24<sup>th</sup> 1941, to Nov. 30 1941,  
that I last saw him alive on Nov. 30 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Heart & Respiratory failure

Due to Bronch. Pneumonia

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 2

23. Signature W.E. Hinkley (M.D. or other) \_\_\_\_\_  
Address 3521-N-4<sup>th</sup> Joplin Date signed Dec 24 1941

372 (Licensed Embalmer's Statement on Reverse Side)

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

41-12-1065

Winklin  
General Hospital

MAR 12 1954

MAR 8 1954

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 R. Earl Fromm

Oklahoma Licensed Embalmer No. 875

P. O. Address Picher, Okla

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.