

No. 2  
4-11  
390

FILED JAN 30 1942

Registration District No. 538

Primary Registration District No. 5725

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

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Rural; Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 miles West of French Mills  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. # \_\_\_\_\_  
(Specify whether  
In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles West of French Mills  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Donald Earl Reed

3. (b) If veteran, name war. # \_\_\_\_\_ 3. (c) Social Security No. # \_\_\_\_\_

4. Sex male 5. Color or race white 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 Dec. 30 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 5 hr. min.

9. Birthplace French Mills Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation none

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

MOTHER FATHER  
12. Name John Earl Reed  
13. Birthplace Madison Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Clara Isabelle King  
15. Birthplace Corning Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Reed  
(b) Address Minimum Mo.  
17. (a) burial (b) Date thereof 1-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Minimum Mo.

18. (a) Signature of funeral director none  
(b) Address \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5  
year 1942 hour 12 minute P M.

21. I hereby certify that I attended the deceased from Dec. 30 19 41 to Jan 5 19 42  
that I last saw him alive on Jan 8 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar Duration 2 da

Due to \_\_\_\_\_  
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 mid wife

23. Signature Martha Martini mid wife  
Address 1200 7th St Date signed Jan 6

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

481

RECEIVED

District Health Officer No. 4

District File Number 142-3

Date Filed 1-8-42

**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 no embalmer or funeral director

employed

Licensed Embalmer No.....

P. O. Address.....

**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.**

Registration District No. 538

Primary Registration District No. 5725

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

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Rural Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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 Ronald Earl Peel  
3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year \_\_\_\_\_ year

7. Birth date of deceased Dec. 30 - 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one year  
0 0 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation none

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

12. Name John Earl Peel

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

14. Maiden name Isabelle King

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

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) Mich 10 - 1942 (b) S. A. S. Goygater  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison  
(c) City or town Rural Liberty Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 5  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Lobar Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature F. C. Houghton (M. D. or \_\_\_\_\_)  
Address Fredericktown (City, town, or county) Date signed 3-1-42

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

MISSOURI SUPPLEMENT

5-2820