

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 564

Primary Registration District No. 5758

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon Equality Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller
(c) City or town Eldon Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HARLEY RAYMOND REED

3. (b) If veteran, name war No 3. (c) Social Security No. 493-14-8047

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 July 11 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 6 13 hr. min.

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

10. Usual occupation MECHANIC

11. Industry or business _____

12. Name CHARLES A. REED

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

14. Maiden name MINNIE STARKS

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

16. (a) Informant Charles A. Reed

(b) Address Eldon, Mo.

17. (a) Burial (b) Date thereof 1-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dooley Cemetery

18. (a) Signature of funeral director Phillip Reed

(b) Address Eldon, Mo.

19. (a) 1-26-1942 (b) W.S. Spurrman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1942 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 1941
to Jan 24 1942
that I last saw him alive on Jan 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy _____

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 W. L. Collier (M. D. or other) _____

Address Eldon, Mo. Date signed 1/27/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6600

879

RECEIVED
Health Dept.
112-9
County Health Dept.
County File Number
Date Filed 2/5/42

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.....

Louis D. Phillips....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis D. Phillips*.....

Licensed Embalmer No. *3663*.....

P. O. Address *Bedford*.....

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.