

441
v. 5-17-39
X28390

FILED APR 31 1942

Registration District No. **318**

Primary Registration District No. **2001**

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

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Springfield Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 hours
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME William (Dock) De Grattan Reid
 3. (b) If veteran, name war no
 3. (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 Edna Lowery De Grattan Reid
 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased Dec 25 - 1888
 (Month) (Day) (Year)

8. AGE: Years 53 Months 21 Days 6
 If less than one day hr. min.

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

10. Usual occupation Farmer
 11. Industry or business General farming

MOTHER 12. Name William D. De Grattan Reid

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

14. Maiden name Julia House

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

16. (a) Informant Mrs Rebecca Brooks
 (b) Address Ash Grove Missouri

17. (a) Buried (b) Date thereof 3. 4 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakville Cem

18. (a) Signature of funeral director Rebecca Brooks
 (b) Address Logansport Mo
 19. (a) 3-4-42 (b) B. W. Hendley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade **029**
 (c) City or town Everton Mo R1
 (If outside city or town limits, write "RURAL")
 (d) Street No. (Rural) Roll Journals
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
 year 1942 hour 8 minute p.m.

21. I hereby certify that I attended the deceased from Mar 1, 1942 to Mar 1, 1942;
 that I last saw him alive on Mar 1, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of chest
 Due to Internal Hemorrhage

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 164c
 Of autopsy

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Suicide
 (b) Date of occurrence Mar 1 1942
 (c) Where did injury occur? near Everton Dade Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
 (Specify type of place)
 While at work? Home (e) Means of injury gunshot
 23. Signature Robert Glynn (M. D. or other)
 Address Springfield Mo Date signed 4/4/42

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..... *Genea Penn*

Licensed Embalmer No. *11046*
P. O. Address. *Walnut Grove, Ma*

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.