V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13696

Registration District No. 31 Primary Registration District No. 5049 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Galena, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none/Mountain Trap
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Galena, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Edwin Reed

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 widowed
6. (b) Name of husband or wife Lucy Angeline Reed
6. (c) Age of husband or wife if alive Decd. years
7. Birth date of deceased Oct (Month) 2nd (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	5	28	hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Jerry Reed 9
13. Birthplace D. K. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Ann Reed
15. Birthplace D.K. (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Martha Benson
(b) Address Galena, Missouri Route one
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 3 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Marionville, Mo.
18. (a) Signature of funeral director Horine & Culver
(b) Address Cassville, Missouri
19. (a) May 9/42 (Date received local registrar) (b) Ud Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1942 hour about 6 minute A. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	1 wk
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature John R Ellison (M. D. or other) DO
Address Meaton Mo Date signed

1076 (Licensed Embalmer's Statement on R...

RECEIVED
District Health Officer No. 6,
District File Number 542-732
Date Filed MAY 18 1942

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 B. Gordon Barnett
Licensed Embalmer No. 4213
P. O. Address Cassville, Mo

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.