S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5781

FILED MAY 12 1942

Registration District No. [illegible]

Primary Registration District No. 4509

Registrar's No. 17

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

03
3
1

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter Tuma
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Dexter 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME Helen LeVerne Reed

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

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 Sept. (Month) 13 (Day) 1921 (Year)

8. AGE: Years 20 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation Stenographer-Clerk

11. Industry or business

FATHER
12. Name Floyd W. Reed
13. Birthplace Hamilton Co. (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Celia McClard
15. Birthplace Stoddard Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Floyd W. Reed
(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter, Mo. Cem.

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 3-24-42 (Date received local registrar) (b) Nora Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1942 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from ~~March~~ March 1st 1942 to March 22 1942
that I last saw her alive on Mar. 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 24 a

Of autopsy

Duration

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 S T Cannon ~~(M.D.~~ or other) DO
Address Dexter Date signed 3/26/42

1154

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 442-002
Date Filed 4-13-42

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.....

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.