S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22192

State File No.

Registration District No. 713 Primary Registration District No. 4464 Registrar's No. 73

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington Twp
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DEASCED: 94.
(a) State Missouri (b) County St. Francois
(c) City or town Farmington 4
(If outside city or town limits, write "RURAL") 1
(d) Street No. 512 College
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HORACE B. REED
3. (b) If veteran, name war
3. (c) Social Security No. 493-03-9014
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Pearlie Lindsey
6. (c) Age of husband or wife if alive years 15
7. Birth date of deceased Sept (Month) 15 (Day) 1879 (Year)

8. AGE: Years 63 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Dae Run (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Miner
11. Industry or business Mining
FATHER
12. Name William T. Reed
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Ann Barry
15. Birthplace Dae Run (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mabel Reed
(b) Address Farmington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cem.
18. (a) Signature of funeral director Meidt Funeral Home
(b) Address Farmington, Mo.
19. (a) June 17 1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1942 hour Unknown M.
21. I hereby certify that I attended the deceased Mr. Reed Sister, 19 June 16th 1942 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Collapse
Jury Verdict: The deceased came to his death by natural causes unknown to the jury
Due to
Other conditions (Include pregnancy within 3 months of death) GSC 4
Major findings:
Of operations
Of autopsy None

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
23. Signature Clarence Claywood (M. D. or other) Coroner
Address Bonne Terre Mo. Date signed 6/16/42

1194

(Licensed Embalmer's Statement on Reverse Side)

#P

RECEIVED

District Health Officer No. 4

District File Number 742-853

Date Filed 7-9-42

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 Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.