

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED AUG 5 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25042

State File No.

Registration District No. 299

Primary Registration District No. 5957

Registrar's No.

32000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County. Pike
(b) City or town. Eolia
(c) Name of hospital or institution: (If outside city or town limits, write "RURAL" and name of township) Franklin Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. none
In this community. 60 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State. MO. (b) County. Pike 82
(c) City or town. Eolia MO 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME Sallie A Reedy
3. (b) If veteran, name war. no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 23rd
year 1942 hour 7:30 minute 30 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased. Dec. 23, 1849
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 19, 1942 to July 23, 1942
that I last saw her alive on July 20, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death: Arteriosclerosis Duration

8. AGE: Years 92 Months 7 Days 0 If less than one day hr. — min. —

Due to.....
Due to.....

9. Birthplace. Washington Co. Ind.
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation. House Keeper

Major findings: Of operations. 97

11. Industry or business.
12. Name Robert Reedy
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ashbrannon
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Sam Reedy
(b) Address Eolia MO

17. (a) Burial (b) Date thereof July 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Eolia Cemetery

18. (a) Signature of funeral director. Garsh & Sons Co
(b) Address Eolia MO

While at work? (Specify type of place) (c) Means of injury. 0

19. (a) July 30, 1942 (b) B.M. Garsh Sr
(Date received at local registrar) (Registrar's signature)

23. Signature L.P. Reedy (M.D. 0)
Address Eolia MO Date signed 7-24-42

1275 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number

Date Filed

8-42-1503
AUG - 4 1942

AUG - 4 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

Norman E. Hoach

Licensed Embalmer No.

2342

P. O. Address

Ealia 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.