

No. 2  
-1-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40786**

Registration District No. \_\_\_\_\_

Primary Registration District No. **2000**

Registrar's No. **869**

39  
2  
6

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

**1. PLACE OF DEATH:**  
 (a) County **GREENE**  
 (b) City or town **SPRINGFIELD**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **BURGE HOSPITAL**  
(If not in a hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community **59 YR. 1 MO. 20 DAYS**  
years, months or days (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Greene**  
 (c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1517** **Benton**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **RALPH W. REED.**  
 (b) If veteran, name war **NONE**  
 (c) Social Security No. **70289-0018**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Dec** day **6** year **1942** hour **7** minute **00 P.** M.  
**21. I hereby certify that I attended the deceased from** **Nov 22**, 19\_\_\_\_, to **Dec 6**, 19\_\_\_\_, and that death occurred on the date and hour stated above.

**4. Sex** **MALE** **5. Color or race** **WHITE**  
**6. (a) Single, widowed, married, divorced** **MARRIED**  
**6. (b) Name of husband or wife** **HAZEL REED**  
**6. (c) Age of husband or wife if alive** **Unknown**  
**7. Birth date of deceased** **OCT. 16 1883**  
(Month) (Day) (Year)

Immediate cause of death: **Chronic nephritis**  
 Duration: **several years**

**8. AGE:** Years **59** Months **1** Days **20**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

**9. Birthplace** **GREENE CO. MO. O**  
(City, town, or county) (State or foreign country)

Other conditions: **Arterial sclerosis**  
(Include pregnancy within 3 months of death)

**10. Usual occupation** **R. R. FIREMAN (RETIRED)**

Major findings: **131f**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**11. Industry or business** **FIREMAN R. R.**

**12. Name** **JAMES P. REED**

**13. Birthplace** **GREENE CO. MO. O**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **ELIZABETH WARREN**

**15. Birthplace** **Unknown VA. 1**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **J. Blount Reed**  
**(b) Address** **Springfield, Mo.**

**17. (a) (Burial, cremation, or removal)** **burial**  
**(b) Date thereof** **Dec 8 1942**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** **Green Lawn Cem**

**18. (a) Signature of funeral director** **W. H. Lingner & Co.**  
**(b) Address** **Springfield, Mo.**

**19. (a) (Date received local registrar)** **12-8-42**  
**(b) (Registrar's signature)** **W. H. Handley**

**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? \_\_\_\_\_

**23. Signature** **O. C. Horst**  
(Specify type of place) (e) Means of injury  
**Address** **430 1/2 S. 1st St. Springfield, Mo.**  
**Date signed** **12/7/42**

MAR 1 1949

**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 Roy A. Beam  
Licensed Embalmer No. 1763  
P. O. Address Springfield 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.**

X