No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

Registration District No. 243

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2948

State File No.

Primary Registration District No. 5837

Registrar's No. 1

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town CAMP CROWDER MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: [illegible]
(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 NEWTON

(c) City or town JOPLIN - RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME WILLIE LEE REED

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 703-01-5497

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife INA REED

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased DECEMBER (Month) 5 (Day) 1893 (Year)

8. AGE: Years 49 | Months 1 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace SARGENT (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FIREMAN - STATIONARY BOILER

11. Industry or business CAMP CROWDER MISSOURI

FATHER
12. Name JOSEPH WILLIAM REED
13. Birthplace INDIANA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ALICE ELIZABETH HARPER
15. Birthplace HART COUNTY (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant Ina Reed
(b) Address Joplin, Mo. R#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Belfast Cemetery

18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Missouri

19. (a) Jan 11, 1943 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 6th
year 1943 hour ..... minute ..... 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 Died Suddenly Natural Causes Probably Coronary	
Due to Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

940

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 3

23. Signature J. R. Reynolds CORONER (M. D. or other)
Address Neosho Mo Date signed 1-11-43

1115

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1943

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 Noah H. Johnson, Registered Apprentice No. 340, working under my personal supervision.

Signed Carey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.