. No. 2
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5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11077

FILED APR 9 1943

Registration District No. 274 Primary Registration District No. 3-0525935 Registrar's No. 79

1. PLACE OF DEATH

(a) County Pettis

(b) City or town Sedalia Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. #4 Sedalia Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80 0

(c) City or town Sedalia (Rural) 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME George Edgar Reid

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Minnie Allice Thomas

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb 8 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	0	27	..... hr. ..... min.

9. Birthplace Saline Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Tom Reid
13. Birthplace N.C. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Molley Riddle
15. Birthplace Cooper Co Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Reid
(b) Address Sedalia (Rural)

17. (a) Burial (b) Date thereof Mar 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marshal

18. (a) Signature of funeral director Westbrook + Smiley
(b) Address Houstonia Mo

19. (a) 3-7-43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1943 hour ..... minute ..... M.

21. I hereby certify that I ~~attended~~ viewed body of the deceased from on March 5, 1943, to ....., 19....;
that I last saw h ✓ alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in a large water tank supposed to have fallen in accidently

Due to or when suffering from ~~from~~ a heart attack

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1959
99

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 080

(b) Date of occurrence March 5 1943

(c) Where did injury occur? Near Sedalia Pettis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm
(Specify type of place)

While at work? Yes (e) Means of injury ✓

23. Signature W T Bishop Coroner ~~(M. D. or other)~~ 3

Address Sedalia Mo Date signed 3-6-43

1022

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1944
RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 4-8-43

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.