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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15144F
State File No. _____
Registrar's No. 54

Registration District No. 290

Primary Registration District No. 5987

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural
(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.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Rural
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Marshall Reed

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. 2 17 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 5 hr. min.

9. Birthplace Topeka Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business.

12. Name First name unknown
13. Birthplace Virginia
14. Maiden name Nancy Russell
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Reed
(b) Address 327 Lorena, Woodriver, Illinois

17. (a) Burial (b) Date thereof 4/23/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 4-25-1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 20
year 1943 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from
April 15 1943 to April 20 1943;
that I last saw him alive on April 20 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocardial Disease
Due to Rheumatic Valvular Disease

Other conditions Arteriosclerosis -
(Include pregnancy within 3 months of death)

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

While at work? (Specify type of place) (c) Means of injury
23. Signature Dr. K.W. Meigs (M. D. or other) D.O.
Address Dixon, Mo Date signed 4/23/43

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RECEIVED

Pulaski County Health Officer

File Number 5-43-53

Date Filed 5-5-43

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.....

Apr 22 - 43, Registered Apprentice No.....
working under my personal supervision.

Signed Fred W. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.