V. S. No. 2
0M—5-42
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17735

State File No.

FILED JUN 9 1943

Registration District No. 99 Primary Registration District No. 5374 Registrar's No. 112

32
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0

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

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Colfax Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 —
(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 DeKalb 32 0 0

(c) City or town Colfax Twp.
(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 William D. 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~~ 1

6. (b) Name of husband or wife Pearl Reed 1

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb (Month) 16 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	3	2	..... hr. ..... min.

9. Birthplace Ill (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Henry Reed
13. Birthplace not Known 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Blanchard
15. Birthplace Not Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs William Reed
(b) Address Osborn Mo

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof May 21 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Osborn Mo

18. (a) Signature of funeral director F. G. Lyon
(b) Address Stewartsville Mo.

19. (a) May 19 - 1943 (Date received local registrar) (b) C. McAuley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1943 hour 10 minute A M.

21. I hereby certify that I attended the deceased from November 4, 1942, to May 18, 1943 that I last saw him alive on May 18, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

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 .....

23. Signature M. S. Gale (M. D. ~~or other~~)
Address Osborn Mo Date signed 5/18-43

1248

(Licensed Embalmer's Statement on Reverse Side)

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 F. G. Lyon

Licensed Embalmer No. 952

P. O. Address Stewartsville, 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.