

28588

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 169Primary Registration District No. 4263Registrar's No. 121

## 1. PLACE OF DEATH:

(a) County KNOX  
(b) City or town NOVATEY  
(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 40 YRS years, months or days3. (a) PRINT FULL NAME BENJAMIN HINGFORD REED3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JANUARY 19 1861 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
82 6 18 hr. \_\_\_\_\_ min.9. Birthplace OHIO (City, town, or county) (State or foreign country)10. Usual occupation RETIRED FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name JOHN REED  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) 9  
14. Maiden name HENRIETTA BUSKIRK  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) 916. (a) Informant Quell, Hawerton(b) Address Novatey Mo17. (a) burial (b) Date thereof Aug 9 / 43 (Month) (Day) (Year)(c) Place: burial or cremation Novatey Cemetery18. (a) Signature of funeral director Paul C. Asby Jr.(b) Address Hurdland Ave19. (a) Aug 16 - 43 (Date received local registrar) (b) Willie Northcutt (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County KNOX 52  
(c) City or town NOVATEY (If outside city or town limits, write "RURAL.") 5

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

(e) Citizen of foreign country? NO (Yes or No)If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 7 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Oct 31 1943 to August 7 1943 that I last saw him alive on August 7 1943 and that death occurred on the date and hour stated above.Immediate cause of death Myocardial exhaustion  
Due to Gastric ulcers and anemia  
Due to \_\_\_\_\_Other conditions (Include pregnancy within 3 months of death) 117a

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 223. Signature E. O. Holmes (M. D. or other) 0  
Address Novatey Mo Date signed Aug 13 - 43

Duration

July 12  
1943  
to  
August 7  
1943

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

S. N. 5  
M-9-4-41  
5-1-53  
1 X 28852  
0  
0

1142

RECEIVED

District Health Officer No. 10

District File Number 9-43-1558

Date Filed SEP 14 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Geo B Casley Jr.  
Licensed Embalmer No. 3756  
P. O. Address Burland Me

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.