

S. No. 1
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5-17-39
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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. 32435
Registrar's No. 326

Registration District No. 316

Primary Registration District No. 6075

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 17 yrs. 1 mo. 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Flat River
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HERMAN CLAY REEDER

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or Race W. 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Lizzie Jones 6. (c) Age of husband or wife if alive, Dead years

7. Birth date of deceased April 30, 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

12. Name Henry C. Reeder

13. Birthplace Sprott Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Pinkston

15. Birthplace Sprott Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Mem. Park, Des. Ave, Mo.

18. (a) Signature of funeral director Alvin Hood Funeral Home

(b) Address Flat River, Missouri

19. (a) Sept. 20, 1943 (Date received local registrar) (b) Byrdie Buhmeester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14, year 1943 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from April 1, 1943, 19 , to Sept. 14, 1943, 19 ; that I last saw him alive on September 14, 1943, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration

Due to

Due to

Other conditions Varicella
(Includes pregnancy within 3 months of death)

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

23. Signature [Signature] (M. D. or other)

Address 428 N. 1st St. Date signed 9-15-43

1196

RECEIVED

District Health Officer No. 4
District File Number 1043-2266
Date Filed 10-5-43

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Chris W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat Riverino

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.