

FILED MAR 7 1944
Registration District No.

Primary Registration District No. 5562

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural Iron *See P*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute, hiway #S.N. 3
(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 Reynolds *90*

(c) City or town Centerville *8*
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... *1*

3. (a) PRINT FULL NAME Robert Bryan Reed

3. (b) If veteran, name war no

3. (c) Social Security No. 500-18-2561

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 5
year 1944 hour 5 minute 00P M.

21. I hereby certify that I attended the deceased from Nov 8
1943 to Feb 5 *44*
that I last saw him alive on Feb 5 *44*
and that death occurred on the date and hour stated above.

4. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nina Reed 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased July 16 1899
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 2 days

8. AGE: Years 44 Months 6 Days 19 If less than one day hr. min.

Due to Carcinoma of Urinary Bladder *1 year*

9. Birthplace Centerville Mo. *0*
(City, town, or county) (State or foreign country)

Due to *52 f*

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation merchant

11. Industry or business

Major findings: Of operations Carcinoma of Bladder *52 f* **PHYSICIAN**
Of autopsy L
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Robert Reed
13. Birthplace Ellington Mo. *0*
(City, town, or county) (State or foreign country)
14. Maiden name Belle Adams
15. Birthplace Lesterville Mo. *0*
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Reed
(b) Address Centerville Mo.

17. (a) burial (b) Date thereof 2-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Centerville Mo.

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.....

18. (a) Signature of funeral director Norman White & Sons
(b) Address Uncle White Ironton Mo.

19. (a) 2-10-44 (b) Francis C. Howard
(Date received local registrar) (Registrar's signature)

23. Signature J. E. Stern (M. D. *0*)
Address 958 Arcade Bldg Date signed 2/11/44
J. E. Stern M.D.

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

RECEIVED

District Health Officer No. 4

District File Number 344-345

Date Filed 3-6-44

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 Arnell J. White

Licensed Embalmer No. 3012

P. O. Address Imperial, 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.

Registration District No. 145 Primary Registration District No. 5562

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural Iron
(c) Name of hospital or institution: Enroute, highway #5 N
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Reynolds
(c) City or town Carterville
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Robert Bryan Reed

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased July 16 1944
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 9 (If less than one day, min.)

9. Birthplace Carterville MO
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

12. Name Robert Reed

13. Birthplace Ellington MO
(City, town, or county) (State or foreign country)

14. Maiden name Belle Adams

15. Birthplace Carterville MO
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Reed

(b) Address Carterville MO

17. (a) (Burial, cremation, or removal) burial (b) Date thereof 2-8-44
(Month) (Day) (Year)

(c) Place: burial or cremation Carterville MO

18. (a) Signature of funeral director Norma White

(b) Address Carterville MO

19. (a) 2-10-44 (b) MO J C Risher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb year 1944 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Memia Duration _____

Due to Carcinoma of Urinary Bladder 1 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Bladder 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? _____

While at work? (Specify type of place) _____ (b) Means of injury _____

23. Signature J. E. Glenn (M. D. or other) Bluff
Address 958 Arced Bluff
St Louis, MO 6 2/8/44

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

MOTHER FATHER

EMMENTARY

RECEIVED

District Health Officer No. 4

District File Number 440-3639

Date Filed 4-2-44

7349