

S. No. 2
DM-5-43
v. 5-17-39
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12308

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 7 1944

Registration District No. 2922

Primary Registration District No. 4689

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Vanduser
(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)

3. (a) PRINT FULL NAME Ada Reed

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

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

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

7. Birth date of deceased Dec 13 1892
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace McGothon Co Ky
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

12. Name A Heck Rowe

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

14. Maiden name Rebecca Fletcher

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

16. (a) Informant Claude Brunam

(b) Address Vanduser Mo

17. (a) BURIAL (b) Date thereof 3-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carbenter Scott Co Mo

18. (a) Signature of funeral director B. S. Linghoff

(b) Address Chaffee Mo

19. (a) 3-18-44 (b) Mrs. Wm Foster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Vanduser
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Myocarditis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

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 Stuart Poe 3 _____ (M. D. or other)
Address Stuart Mo Date signed 3/18/44

1042

RECEIVED

District Health Office No. 2,

District File Number 444-535

Date Filed 4-4-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

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

Signed Mrs. M. B. B. B. B. B.

Licensed Embalmer No. 3242

P. O. Address Chapin St.

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.