

FILED MAY 10 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14327

Do not use this space.

1. PLACE OF DEATH
(a) County Camden Registration District No. 50
(b) Township Osage Primary Registration District No. 5179 Registered No. 14
(c) City Camdenton (d) Street No. Home - 9 years St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Selden Reeder

(a) Residence, No. Camdenton, Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Louise Elvira - 68

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 17 1877

7. AGE YEARS 67 MONTHS 18 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Pit Geology
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Big Maund Iowa

13. NAME Jane Miller Reeder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Iowa

15. MAIDEN NAME Jane DeRosier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Co Iowa

17. INFORMANT (ADDRESS) Mr Arthur Westers
Osage Beach, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Roch DATE May 7 1944

19. FUNERAL DIRECTOR (ADDRESS) Bankson - Woalery
Camdenton, Mo

20. FILED May 9 1944 Etch Nelson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1944

22. I HEREBY CERTIFY That I attended deceased from April 20 1944 to May 5 1944
I last saw him alive on 5, 5, 1944 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Tobac Pneumonia Date of onset 4/24
Tumor

Other contributory causes of importance: none 108

Name of operation none Date of
What test confirmed diagnosis? Phys. Signs on autopsy? No

23. If death was due to external causes (violence), fill in also the following
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. J. Cluebouin M. D.
(Address) Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-7-20-37
1 X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AMERICAN
OCT 19 1944

RECEIVED
OCT 19 1944

OCT 22 1944
5 1944

RECEIVED

District Health Officer No. 71

District File Number 4-44-647

Date Filed 5-13-44

STATEMENT BY LICENSED EMBALMER

I, Abbi Bankson Woolery, Licensed Embalmer No. 2488

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

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

Signed Abbi Woolery
Licensed Embalmer No. 2488

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.)