

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21784

FILED JUN 28 1944

Registration District No. 26

Primary Registration District No. 2001

Registrar's No. 285

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

49
2
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
814 W. "A" Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 46 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Nellie Reed

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased September 23, 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>8</u>	<u>9</u>	hr. _____ min.

9. Birthplace Galena Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel Myers

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

14. Maiden name Josephine Golden

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

16. (a) Informant Elmer Reed

(b) Address 814 W. "A", Joplin, Mo.

17. (a) burial (b) Date thereof 6/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director. PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 6-4-44 (b) Arthur S. Suddhoffer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin
(If outside city or town limits, write "RURAL") 2

(d) Street No. 814 W. "A" Street
(If rural, give location) 5

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 16,
1944, to June 1, 1944
that I last saw her alive on June 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Toxic Myocarditis

Due to Carcinoma of the uterus and adenexa.

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations H&P

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 A. S. Reed
Address Orpheum Bldg Joplin Mo Date signed 6-4-44

1204 (Licensed Embalmer's Statement on Reverse Side)

44-6-489

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.