

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22769

FILED JUL 6 1944
Registration District No. 369

Primary Registration District No. 4538

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Wayne

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne ///

(c) City or town Piedmont,
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Thomas Reed,

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Nancy Reed,

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 1, 1881.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27-1944.
year 1944. hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 4-1- 1944 to 5-27- 1944;
that I last saw him alive on May 26, 1944. 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris. Duration _____

8. AGE: Years Months Days If less than one day

<u>63</u>	<u>1</u>	<u>26</u>	hr. _____ min.
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Due to Arteriosclerosis.

Due to _____

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Minister

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Valentine Reed,

13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Martha Smith

15. Birthplace Missouri. (City, town, or county) (State or foreign country) 0

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Nancy Reed,
(b) Address Piedmont, Mo.

17. (a) Burial (b) Date thereof May 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pollis Cemetery

18. (a) Signature of general director F. B. Yates.
(b) Address Piedmont, Mo.

19. (a) June 10, 1944 (b) Mrs. Lottie Mann
(Date received local registrar) (Registrar's signature)

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) _____ (Means of injury)

23. Signature F. B. Yates (M. D. or other) 36-3-1944
Address Piedmont, Mo. Date signed _____

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

RECEIVED

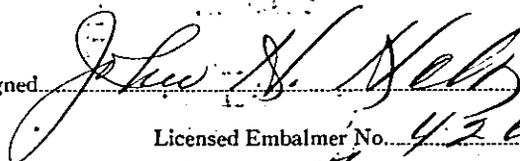
District Health Officer No. 4
District File Number 744-4006
Date Filed 2-5-44

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.....



Licensed Embalmer No. 4264

P. O. Address Fredericktown, 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.