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FILED AUG 24 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27478

Registration District No. 59 Primary Registration District No. 4094 Registrar's No. 120

19
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0

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

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution Home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19

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

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

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

3. (a) PRINT FULL NAME William Reid

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widerwor

6. (b) Name of husband or wife Husband

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

7. Birth date of deceased Aug. (Month) 14 (Day) 1861 (Year)

8. AGE: Years 82 Months 10 Days 19 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Andrews Reid
13. Birthplace Ky. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Nancy Austin
15. Birthplace Ky. (City, town, or county) / (State or foreign country)

16. (a) Informant Mrs O.A. Graves
(b) Address Garden City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 15 - 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Cemetary

18. (a) Signature of funeral director J M Kaufman
(b) Address arden City, Mo.

19. (a) Aug. 11, 1944 (Date received local registrar) (b) Margaret Valle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1944 hour 12 minute 43 M.

21. I hereby certify that I attended the deceased from July - 4 - 1944 to July - 13 - 1944 that I last saw him alive on July - 13 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Vascular disease and Cancer of Prostate

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

51 P

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? no (e) Means of injury 0

23. Signature Frank B Ellis (M. D. or other)

Address Garden City Date signed July-14-44

1047

(Licensed Embalmer's Statement on Reverse Side)

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 J. M. Kauffman, Registered Apprentice No. ....., working under my personal supervision.

Signed J. M. Kauffman

Licensed Embalmer No. 1030

P. O. Address Garden City, 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.