

FILED JAN 10 1945
Registration District No. 372

Primary Registration District No. 44-72 3011

Registrar's No. 42

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater, Mo.
(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) 1
(d) Length of stay: In hospital or institution Forty Three Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry Reed
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased May-3-1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Hancock Co. Nauvoo, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER {
12. Name Harvey Reed
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Green
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Raymond Brame
(b) Address Slater, Mo.

17. (a) Burial (Burial, cremation, or other) (b) Date thereof Dec-9-44
(Month) (Day) (Year)

(c) Place: burial Acrow Rock, Mo.

18. (a) Signature of funeral director John S. Selger
(b) Address Slater, Mo.

19. (a) Dec 15-44 (Date received local registrar) (b) Mrs. John Giger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline 97
(c) City or town Slater, 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. 328 West Harold Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X D

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 7th
year 1944 hour 3 minute 55 A. M.

21. I hereby certify that I attended the deceased from Nov. 1 1944 to Dec. 9 1944
that I last saw him alive on Dec. 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach 1 year
Duration

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 1/6 lb

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Chas. W. Turney, M.D.
Address Slater, Mo. Date signed 12/9/44

1211

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-9-45

SEP 23 1945

STATEMENT BY LICENSED EMBALMER

X

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

X

Registered Apprentice No.

X

working under my personal supervision.

Signed

Jas Jones

Licensed Embalmer No. 3143

P. O. Address Slater, Saline County

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.