

S. No. 2
M-5-43
5-17-39
I X3867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6819

FILED MAR 12 1945
Registration District No. 267

Primary Registration District No. 5702

State File No. 5902
Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County Pemscot
(b) City or town Hayti
(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
In this community 51 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemscot
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. West of Hayti 2 mi
(If rural, give location)
(e) Citizen of foreign country? () (Yes or No)
If yes, name country

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 5 year 1945 hour 1 minute 10 p. M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Robert D. Reed
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased April 4 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15th 1945 to Feb 5th 1945
that I last saw or alive on 2-5-1945
and that death occurred on the date and hour stated above
Immediate cause of death Cancer of bladder Duration 2 or 3 years

8. AGE: Years Months Days If less than one day
71 10 1 hr. min.

Due to
Due to

9. Birthplace Braggadocio Mo.
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
Major findings: 52 b
Of operations
Of autopsy

10. Usual occupation Housewife

11. Industry or business

12. Name William Bartlett
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Emma Hunt
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Charles Reed
(b) Address Hayti Mo.

17. (a) Burial (b) Date thereof 2-6-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hayti Mo.

18. (a) Signature of funeral director J. A. Johnson
(b) Address Carthage Mo.
19. (a) 2-7-1945 (b) J. A. Johnson
(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. Signed J. D. Denton (M. D. or other) mo
Address Hayti Mo Date signed 2/6/45

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

1827

2-45-33

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 *Noel C. Deau*

Licensed Embalmer No. *3941*

P. O. Address *Cantherville, Miss*

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.