DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40460

FILED JAN 12 1946

Registration District No. 31 Primary Registration District No. 5107 Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Benton
(b) City or town: "Rural" West White Twn.
(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 (Specify whether years, months or days)
In this community: 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Benton
(c) City or town: "Rural" West White Twn.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Della M. Reid
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: A.F.Reid
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: December 4, 1877 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	10	22	hr. min.

9. Birthplace: Latham, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: at home
11. Industry or business: " "

FATHER
12. Name: -------Dowell
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: ------Brown
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: A.F.Reid
(b) Address: Windsor, Missouri, Rt.#2
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Oct.27, '45 (Month) (Day) (Year)
(c) Place: burial or cremation: Harmony Chapel
18. (a) Signature of funeral director: Huston-Turner
(b) Address: Windsor, Mo.
19. (a) Dec.18, 1945 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th year 1945 hour 3 minute 0 a. M.
21. I hereby certify that I attended the deceased from 6-8-45, 19__, to 9-28-45, 19__; that I last saw her alive on 9-22-45, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Uterus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Cancer of uterus
Of autopsy: 59

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: [illegible] (M. D. or other) Ale
Address: Date signed

1341 (Licensed Embalmer's Statement on Reverse Side)

No. 7

12-40-1340

Date Filed 1-11-46

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 Elliott Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.