

No. 2  
-5-43  
-17-39  
X-1671

**FILED FEB 19 1946**

Registration District No. **270**

Primary Registration District No. **3050**

Registrar's No. **19**

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

1. PLACE OF DEATH:

(a) County **remiscot**  
(b) City or town **Caruthersville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**E. 6th, St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **HOME** (Specify whether)  
In this community **5 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot**  
(c) City or town **Caruthersville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **E. 6th, St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **napolean Reid**

3. (b) If veteran, name war **X**  
3. (c) Social Security No. **413-20-9420**

4. Sex **male** 2 race **Negro**  
5. Color or  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Malissa Reid**  
6. (c) Age of husband or wife if alive **22** years  
7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 60** hr. min.

9. Birthplace **Madison, Mo.** **Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business

MOTHER FATHER  
12. Name **Ben Reid**  
13. Birthplace **Madison, Mo.** **Tenn.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lucy Griffin**  
15. Birthplace **Madison, Co.** **Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Malissa Reid**  
(b) Address **Caruthersville, Mo.**

17. (a) **burial** (b) Date thereof **2/0/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Morgan Ridge Cem.**

18. (a) Signature of funeral director **H. Smith**  
(b) Address **Caruthersville, Mo.**

19. (a) **2-7-46** (b) **Prison B. Wilks**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **4th**,  
year **1946** hour **8** minute **05** A.M.

21. I hereby certify that I attended the deceased from **JAN 28, 1946**  
19 **FEB 3** to **FEB 3**, 19 **46**  
that I last saw **him** alive on **Feb 3**, 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **UREMIC POISONING** Duration **7 DAYS**

Due to **CEREBRAL ACCIDENT** **7 DAYS**

Due to **HYPERTENSIVE CARDIO-VASCULAR DISEASE** **NOT KNOWN**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **gmv**  
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?

(Specify type of place) (e) Means of injury  
While at work  
23. Signature **D. W. Cook** (M. D. or other)  
Address **Caruthersville, Mo** Date signed **5 Feb 46**

1246-36

RECEIVED  
STATE BOARD OF HEALTH  
MICHIGAN  
JAN 10 1914

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

*Free Ford*

Registered Apprentice No. *386*

working under my personal supervision.

Signed *James A. Osburn*

Licensed Embalmer No. *4185*

P. O. Address *Caruthersville, 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.