

S. No. 2  
M-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22644

FILED AUG 12 1946

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. <sup>5071</sup> 15-91

Registrar's No. 37

1. PLACE OF DEATH:  
(a) County Barton  
(b) City or town RURAL NASHVILLE TWP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5.74 miles S. Rogers Station  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 23 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Barton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR 1 Liberal, Mo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hellie Kay Reed  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 16  
year 1946 hour 9 minute 15 P.M.

4. Sex Female 5. Color or race wh  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Chas. Gratten Reed  
6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased December 5 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to July 16, 1946,  
that I last saw her alive on July 16, 1946,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
68 7 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Cerebral Hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Mont Roy Kansas  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 730  
Of autopsy \_\_\_\_\_

10. Usual occupation Housewife  
11. Industry or business Home  
12. Name Leonard North  
13. Birthplace Cameron New Jersey  
(City, town, or county) (State or foreign country)  
14. Maiden name Eula Reiley  
15. Birthplace Wardstine New Jersey  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Chas Y. Reed  
(b) Address RR 1 Liberal, Mo  
17. (a) Burial (b) Date thereof July 18 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Barton Co. Mo.  
18. (a) Signature of funeral director Eason Funeral Home  
(b) Address Lamar Mo  
19. (a) July 14 1946 (b) Marie Konant  
(Date received local registrar) (Registrar's signature)

23. Signature Geo J P Gush (M. D. or other)  
Address Frontenal Kans Date signed 7-16-46

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

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

JUL 17 1946

14 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 846-837

Date Filed AUG 8 - 1946

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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 E. A. Libson

Licensed Embalmer No. #137

P. O. Address Lamar, 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.