

S. No. 2
M-5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4053

FILED MAR 3 1947
Registration District No. 42

Primary Registration District No. 1000

State File No. _____
Registrar's No. 263

1. PLACE OF DEATH:
(e) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1401 Jules St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT BENJAMIN F. REEDER
FULL NAME
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February 21, 1947 day 5, 00 P.M. year hour minute
21. I hereby certify that I attended the deceased from Feb 21 1947 to Feb 21 1947 that I last saw him alive on Feb 21 1947 and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 19, 1860
(Month) (Day) (Year)

Immediate cause of death: suppurative bronchopneumonia
Duration 24 hours
Due to myocardial Failure
Due to senility

8. AGE: Years 86 Months 2 Days 2
If less than one day hr. min.

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 107

9. Birthplace Unknown, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business None

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

MOTHER FATHER

12. Name John W. Reeder
13. Birthplace Unknown
14. Maiden name Chloe J. Davis
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Duve (nephew)
(b) Address 216 Ohio St., City
17. (c) Burial (b) Date thereof 2/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director John C. Rupp
(b) Address 6054 Pryor Ave., City
19. (a) 2-26-47 (b) K. L. Jenkins
(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) (e) Means of injury _____
23. Signature Irvin J. Rosenthal (M. D. or other) M.D.
Address St. Joseph Mo Date signed 2/24/47

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

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, ~~only~~.....

.....
working under my personal supervision.

Signed John E. Rupp
Registered Apprentice No.

Licensed Embalmer No. 3986

P. O. Address St Joseph 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.