

7. S. No. 2
DM-8-43
v. 5-17-39
I X37823

16511

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 12 1947

Registration District No. 34

Primary Registration District No. 5117

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Cedar
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7 miles West of Ashland, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Putah
(If outside city or town limits, write "RURAL")

(d) Street No. 7 miles West of Ashland, Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Samuel Reeder

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Reeder 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 2 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 16 year 1947 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 41 to May 26 1947 that I last saw him alive on May 26 1947 and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

Due to Senility

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Reeder

{ 13. Birthplace Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sapp

{ 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James A Reeder
(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 5-27-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goshan Cem.

18. (a) Signature of funeral director W. C. Burdett
(b) Address Ashland, Mo.

19. (a) 5-27-47 (b) Mrs. Mildred Burnett
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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 W. D. Mege (M. D. or other) _____
Address Horseshoe Date signed 5/17/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 11 1947

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 *W. E. Burnett*
Licensed Embalmer No. *3567*
P. O. Address *Island No.*

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.