No. 2
—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 191

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42203

Primary Registration District No. 4267

Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Odessa (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (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: 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Lafayette 54
(c) City or town: Odessa (If outside city or town limits, write "RURAL") 4
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Clarence G. Reed
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Almeda
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: Aug (Month) 25 (Day) 1875 (Year)
8. AGE: Years 71 Months 11 Days 20 If less than one day ..... hr. ..... min.
9. Birthplace: Columbus (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: Retired Farmer
MOTHER FATHER
12. Name: Christopher Reed
13. Birthplace: Ky (City, town, or county) (State or foreign country)
14. Maiden name: Willie a Wallace
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Almeda Reed
(b) Address: Odessa Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 7-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Mo
18. (a) Signature of funeral director: Mrs G Starkebaum
(b) Address: Oak Grove Mo
19. Sept. 1947 (Date received local registrar) Hello Drummond (Registrar's signature) 52

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 5 year: 1947 hour: 8 minute: 30 P.M.
21. I hereby certify that I attended the deceased from July 17, 1947 to Aug 5 1947 that I last saw him alive on Aug 5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of
Due to: Atrophic of Liver of
Due to: Cirhosis
Other conditions (Include pregnancy within 3 months of death): HBE

Major findings of operations: Carcinoma left Kidney removed Mar 1947
Of autopsy .....

Duration

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: 0

23. Signature: R C Selby (M. D. or other)
Address: Odessa Mo Date signed: 8/6/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 1-5-48

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 R B Webb

Licensed Embalmer No. 2313

P. O. Address Blue Springs 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.