

FILED MAY 12 1948

Registration District No. 371

Primary Registration District No. 6153

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Advance Rural
(c) Name of hospital or institution: _____
(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) Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Advance Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Reed

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva Reed 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 25, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 6 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Warren Reed

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

14. Maiden name Caroline Walker

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

16. (a) Informant Mrs. Eva Reed (Wife)

(b) Address Advance, Mo. Rural

17. (a) Burial (b) Date thereof Nov. 2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove cem.

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) 4-20-48 (b) Bernice Moore
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st.
year 1947 hour 1:45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug, 1947 to Oct. 31, 1947
that I last saw him alive on Oct. 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of chest
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature E. C. Masters (M. D. or other) op.
Address Advance, Mo. Date signed 12-1-47

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

MOTHER FATHER

103
6
0

55E

RECEIVED

District Health Office No. 2,

District File Number 548-604

Date Filed 5-10-48

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.....

John B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.