

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

National Office of Vital Statistics
FILED FEB 16 1948

Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours
(Specify whether lifetime in Pettis County)

In this community lifetime in Pettis County
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. Rural Route 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Jacob Truman Reed

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive **** years

7. Birth date of deceased February 28, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	10	20	_____ hr. _____ min.

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

10. Usual occupation Farmer

Industry or business Agriculture

MOTHER FATHER

12. Name Mathias Reed

13. Birthplace Pettis County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Phillips

15. Birthplace unknown, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Reed (nephew)

(b) Address 209 East 7th, Sedalia, Mo

17. (a) Burial (b) Date thereof 1/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery

18. (a) Signature of funeral director Maas Ewing

(b) Address Sedalia, Mo.

19. (a) 1-20-48 (b) Betty Yeager
(Date received local registrar) (Registrar's name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1948 hour 8:50 minute P. M.

21. I hereby certify that I attended the deceased from Jan 15, 1948, to Jan 18, 1948,
that I last saw him alive on Jan 15, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Heart Disease

Due to Generalized Arteriosclerosis 20yr.

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration 5yr.

PHYSICIAN _____

Underline the cause of 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 _____

23. Signature [Signature] (M. D. or _____)

Address Sedalia, Mo Date signed Jan 20, 1948

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-14-48

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 _____

Hansen K. Dietz Registered Apprentice No. 70

working under my personal supervision.

Signed Shane Ewing

Licensed Embalmer No. 3548

P. O. Address Seebaldia 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.