S. No. 2
M—2-43
5-7-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17193

Registration District No. 282 Primary Registration District No. 4424 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: Geo. Dimmitt Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Humansville (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 Delmar E. Reed

3. (b) If veteran, name war World War II

3. (c) Social Security No. 476-01-6759

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Jewell Reed

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Dec. (Month) 16 (Day) 1911 (Year)

8. AGE: Years 36 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Cedar Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Safeway Grocery Stores

FATHER
12. Name Emmett E. Reed
13. Birthplace Cedar Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ella Heathridge
15. Birthplace Cedar Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Denton V. Reed

(b) Address Humansville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Humansville Cem.

18. (a) Signature of funeral director E H Primm

(b) Address Humansville, Mo.

19. (a) May 19, 1948 (Date received local registrar) (b) Ralph Gordon (Registrar's signature) by Jewell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-8, 1948, to 5-8, 1948; that I last saw him alive on 5-8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. G. Robinson M.D. (M.D. or other)

Address Humansville, Mo. Date signed 5/14/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-48-566
Date Filed 5-25-48

JUL 19 1948

JUN 4 1948

AUG 24 1950

JAN 26 1951

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 Wm. W. Northrop, Registered Apprentice No. not issued yet working under my personal supervision.

Signed E H Primm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.