

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26070

FILED SEP 8 1948

Registration District No. 139

Primary Registration District No. 3023

Registrar's No. 181

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
110 East Clinton St. 1
(If not in hospital or institution, write street number or location)

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

In this community 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry ⁴²

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

(d) Street No. 110 East Clinton St. 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN CLEMENT REID

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1948 hour 7:30 minute 9 A.M.

21. I hereby certify that I attended the deceased from Aug 22
1948 to Aug 30 1948

that I last saw him alive on Aug 28
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Helen Reid

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Mar 14 1880
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to paralysis system

Due to _____

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

Major findings: PHW

8. AGE: Years Months Days If less than one day

68 5 16 hr. min.

9. Birthplace Frankfort Ind-1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Of autopsy _____

11. Industry or business _____

12. Name Wm. Clarkson Reid

13. Birthplace Ind-1
(City, town or county) (State or foreign country)

14. Maiden name Guba Ann Lee

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Reid

(b) Address Clinton Mo

17. (a) removal (b) Date thereof 8-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peoria Illinois

18. (a) Signature of funeral director Conrad + Pers

(b) Address Clinton Mo

19. (a) 8-30-48 (b) R R Kenney
(Date received local registrar) (Registrar's signature)

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 Geo S West (M. D. or other)

Address Clinton Mo Date signed Aug 30 48

wife

RECEIVED

District Health Officer No: 71

District File Number 8-48-1036

Date Filed 9-2-48

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. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.