. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33695

State File No. .....

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 295

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 Hosp. O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Minutes (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 8 O
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 303 E. Second (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Joseph Robert Ream
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Male O 5. Color or race White 6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct (Month) 12 (Day) 1948 (Year)

8. AGE: Years — Months — Days — If less than one day — hr. 35 min.
9. Birthplace Sedalia (City, town, or county) Mo (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Robert C. Ream
13. Birthplace Sedalia (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Patricia Chandler
15. Birthplace Sedalia (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant Robh. C. Ream
(b) Address 303 E. Second, Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cem.
18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo
19. (a) 10-12-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy
251
O

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 12
year 1948 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from October 12th, 1948, to October 12th, 1948
that I last saw him alive on 12 Oct. 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	
Due to Pulmonary Atelectasis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 159	
Of autopsy —	

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? — (Specify type of place)
While at work? — (e) Means of injury —
23. Signature P V Siegel M.D. (M.D. or other)
Address Smithton Mo Date signed 12 Oct 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 10-25-48

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.