S. No. 2
M—5-43
5-17-39
I X36671

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

33788

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1948

Registration District No. 273

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 6013

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville--R.F.D.#3 (Salt Spring Twp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Huntsville---Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Roy Reed

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased October (Month) 18 (Day) 1889 (Year)

8. AGE: Years 58 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Huntsville (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation laborer

11. Industry or business St. Clair Mining Company

FATHER
12. Name Ollie Reed 0
13. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Veturah Shaw
15. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Zella Reed
(b) Address Huntsville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/18/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Fallon
(b) Address Huntsville, Mo

19. (a) Oct-16-1948 (Date received local registrar) (b) Mrs. D. A. Barnhart (Registrar's signature) 270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1948 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Oct 29, 1947 to Oct 15, 1948 that I last saw him alive on Oct 15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	2 yrs
& Bright Disease	3 mos
Due to Hypertension	
Due to	
Other conditions Above followed accident (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

195E
11

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) accident 88
(b) Date of occurrence 10/27/48
(c) Where did injury occur? 10 mi N. Huntsville (City or town) Randolph (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Huntsville Sinclair Strip mine (Specify type of place)
While at work? yes (e) Means of injury struck in head

23. Signature [signature] (M. D. or other) MD
Address Huntsville Mo Date signed 10/16/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 10
District File Number 10-48-(801)
Date Filed OCT 19 1948

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. Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Va

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.