REC'D MAR 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7228
Do not use this space.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1. PLACE OF DEATH

(a) County: Lawrence — Registration District No.: 467

(b) Township: ~~Aurora~~ — Primary Registration District No.: 4280 — Registered No.: 6

(c) City: Aurora — (d) Street No.: 121 East College St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Edward Luther Reed. 300

(a) Residence, No.: 121 East College St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jesse Reed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 20-1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Street Foreman

9. Industry or business in which work was done, as saw mill, bank, etc.: City Of Aurora

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hickory County Missouri. 0

FATHER

13. NAME: J.E. Reed 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill. 0

MOTHER

15. MAIDEN NAME: Lucy Cline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence County Missouri.

17. INFORMANT (ADDRESS): J.E. Reed Galena Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Marionville Mo. DATE: Feb. 3, 1938

19. FUNERAL DIRECTOR (ADDRESS): King Funeral Home Aurora Mo.

20. FILED: 2-1, 1938 R. L. Cowan M.D. Local Registrar. 415

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-24, 1938, to 2-1, 1938. I last saw h. alive on 2-1, 1938. Death is said to have occurred on the date stated above, at 8 A.M. 15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
I.D.S.	

Other contributory causes of importance:
Ch Myocarditis

Name of operation: None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury, 19
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: 0
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) R. L. Cowan, M. D.
(Address) Aurora

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Herman Surridge, Licensed Embalmer No. 3072

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3072 or by , Registered Apprentice No.

working under my personal supervision.

Signed Herman Surridge

Licensed Embalmer No. 3072

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)