

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22225
Do not use this space.

REC'D JUL 18 1939

1. PLACE OF DEATH

(a) County Henry Registration District No. 358
 (b) Township Big Creek Primary Registration District No. 5503
 (c) City or Blairtown (d) Street No. _____ 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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 9

2. PRINT FULL NAME KATE V. REED

(a) Residence, No. Blairtown Mo RR1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John K. Reed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-7-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 8 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Ohio

13. NAME Harrison Vance

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Adaline Meyers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Duncan Reed
 (ADDRESS) Blairtown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter DATE 6-27-39

19. FUNERAL DIRECTOR (NAME) Fred Hillinson
 (ADDRESS) Clinton Mo

20. FILED 4/28 1939 E. G. Hibler
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26-1939

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938 to June 24, 1939

I last saw her alive on June 24, 1938. Death is said to have occurred on the date stated above, at 2:10 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac decompensation

Date of onset

Other contributory causes of importance: no

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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

Manner of injury X 1
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? none
 If so, specify _____
 (Signed) A. C. Smith M. D.
 (Address) Wreck no. 1

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 7¹

District File Number 7-39-107J-

Date Filed 7-17-39

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.....

Fred Wilkinson

Licensed Embalmer No. 24781

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, above space should be left blank.