DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1940

Registration District No. 398

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43564

Primary Registration District No. 3019

Registrar's No. 377

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Indep. Sanitarium
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Farmersville
(If outside city or town limits, write "RURAL")
(d) Street No. 235 North Home
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Glen Byron Reed
3. (b) If veteran, name war: none
3. (c) Social Security: 486-05-2457
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nellie May Reed
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: Aug 23 - 1905 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
34	3	22	hrs. ..... min.

9. Birthplace: Mason Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Metal Finisher
11. Industry or business:
12. Name of father: Mitchell Reed
13. Birthplace of father: Mason Illinois (City, town, or county) (State or foreign country)
14. Maiden name of mother: Dora Mabee
15. Birthplace of mother: Mason Illinois (City, town, or country) (State or foreign country)
16. (a) Informant's own signature: Nellie May Reed
(b) Address: Independence Mo
17. (a) Mt Washington (Burial, cremation, or removal) (b) Date thereof: Dec 16-39 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Washington
18. (a) Signature of funeral director: George Gleason
(b) Address: Lee's Summit Mo
19. (a) 12-16-39 (Date received local registrar) (b) H. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1939 hour 6 minute 55a M.
21. I hereby certify that I attended the deceased from Chronic ....., 19..... ; that I last saw him alive on ....., 19..... ; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Collapse of right Lung and Pneumo Thorax following bronchoadenitis
Due to: Bronchopneumonia
Due to: Apostic injury to right Middle Lobe
Other conditions (Include pregnancy within 3 months of death): 14 yr
Major findings: Of operations: .....
Of autopsy: See above

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, homicide~~ (specify): Dr Ass Found.
(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: [illegible] (M.D. or other)
Address: Lees Date signed 12-16-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Form 1 X19511

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 179 Felix Rey, Registered Apprentice No. 179, working under my personal supervision.

Signed George C. Barron

Licensed Embalmer No. 2249

P. O. Address Independence

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.