

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

3318  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Pettis Registration District No. 668  
 (b) Township Sedalia Primary Registration District No. 3032  
 (c) City Sedalia (d) Street No. R.F.D. # 5 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**

(a) Residence, No. 403 North Grand 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Reed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1864  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 11 12  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1940 19\_\_\_\_  
 22. I HEREBY CERTIFY That I attended deceased from as Common Case only 19\_\_\_\_  
 I last saw as Common Case only Death is said to have occurred on the date stated above, at 1:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary embolism  
94%  
 Other contributory causes of importance:  
Atherosclerosis

Date of onset

12. BIRTHPLACE (CITY OR TOWN) Vaco (STATE OR COUNTRY) Texas  
 13. NAME Jessie Reed  
 14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) \_\_\_\_\_  
 15. MAIDEN NAME Unkown  
 16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT Mrs. Nannie Reed (ADDRESS) Sedalia, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE Jan. 12, 1940  
 19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home (ADDRESS) Sedalia, Mo.  
 20. FILED Jan 12 1940 Mrs. Harry Sneed Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury 5  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_ (Signed) Arthur Bauffe, M. D.  
Coronary Petals Co. (Address)

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.

SEP 16 1947

Date Filed 9/16/47  
District File Number \_\_\_\_\_  
District Health Officer No. 8,

RECEIVED

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 Geo. D. Stewart

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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.