

WRITE PLAINLY, 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.

REC'D MAR 14 1940

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

7736
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township Perry Prairie Primary Registration District No. 5189D Registered No. 85
 (c) or City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 200 yrs. mos. ds. (f) How long in U. S., if of foreign birth? life yrs. mos. ds.

2. PRINT FULL NAME

Joseph B. Reed
 (a) Residence, No. Route 2, Green Ridge, Mo. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1883

7. AGE YEARS 56 MONTHS 8 DAYS 32 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Green Ridge, Missouri (STATE OR COUNTRY)

FATHER 13. NAME Nathan Reed

14. BIRTHPLACE (CITY OR TOWN) Geneva, New York (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Jennie Wadley

16. BIRTHPLACE (CITY OR TOWN) New Hampshire (STATE OR COUNTRY)

17. INFORMANT Mildred Reed (ADDRESS) Route 2, Green Ridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Ridge, Mo. DATE Feb. 29, 1940

19. FUNERAL DIRECTOR (NAME) Duane Ewing (ADDRESS) Sedalia, Mo.

20. FILED 2-29- 19 40 Mrs Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27, 1940

22. I HEREBY CERTIFY, That I attended deceased from As Coroner Case only, 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 9:30 a.m.

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

Suicide by hanging

Date of onset

Other contributory causes of importance: 1/2

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? SUICIDE Date of injury 2-27, 1940

Where did injury occur? Pettis County, Missouri (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury HANGING

Nature of injury FRACTURED NECK

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify..... (Signed) Jordan Sanphaler, M. D.

(Address) Corning, Pettis County

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-18-40

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 *Ruane Ewing*
Licensed Embalmer No. *3877*
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.