

MAY 15 1940

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

14546
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 139
(b) Township Hill, Primary Registration District No. 5200
(c) City Tina, or Tina, (d) Street No. _____
(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. John Fredrick Reeder, Carroll Co. 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 M F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
62 7 22'

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) (STATE OR COUNTRY) Spring Hill, Missouri.

FATHER
13. NAME Peter Reeder,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know, 9

MOTHER
15. MAIDEN NAME dont know,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know, 9

17. INFORMANT (ADDRESS) Mrs Clara Smith,
Dawn, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Mound, DATE April 25, 1940.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clifford W. Austin
Tina, Mo.

20. FILED Apr 25 1940 Mrs Sallie Perry
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1940

22. I HEREBY CERTIFY That I attended deceased from Mon. 11:40 to April 24, 1940
I last saw h. alive on April 16, 1940 Death is said to have occurred on the date stated above, at 1: AM.
The principal cause of death and related causes of importance were as follows:

mitral insufficiency?
Date of onset _____

Other contributory causes of importance: 92%

None

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 _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) R. Hamilton Nelson, M. D.
Carrollton, Missouri

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. 8,
District File Number
Date Filed 5-13-40

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.....

Clifford W. Austin,

Registered Apprentice No.....

working under my personal supervision.

Signed *Clifford W. Austin*

Licensed Embalmer No. **#3233.**

P. O. Address **Tina, Missouri.**

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.