

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REGISTERED MAR 19 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7861
3

State File No. _____
Registrar's No. _____

Registration District No. 686 Primary Registration District No. 5918

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Indian Mills Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(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)

3. (a) PRINT FULL NAME FRANK J. REED
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex MALE 5. Color or race white
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MATILDA J REED
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased Nov 11 1845
(Month) (Day) (Year)

8. AGE: Years 95 Months 2 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace 1 Peave
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Oscar REED
13. Birthplace Do not know
(City, town, or county) (State or foreign country)
14. Maiden name Do not know
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Laura Braustetter
(b) Address Curryville Mo

17. (a) Burial (b) Date thereof 1-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wm Harrison

18. (a) Signature of funeral director J. S. Waters
(b) Address Vandalia Mo

19. (a) Jan 11 1940 (b) Gene E. Henderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Indian Mills Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1941 hour 3 minute P M.
21. I hereby certify that I attended the deceased from _____, 1939 to 1/9, 1941
that I last saw him alive on Jan 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Arterio Sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration 10 days
yes
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, or homicide (specify) _____
(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? 621
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. M. Waters (M. D. or other) MD
Address Bowling Green Date signed 2/11/41

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.

MISSOURI STATE BOARD OF HEALTH MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 3-41-501

Date Filed MAR 8 1941

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 W B Waters
Licensed Embalmer No. ~~3575~~ 4169
P. O. Address Wandolville

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.