DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12360

FILED APR 9 1941

Registration District No. 98

Primary Registration District No. 6162

Registrar's No. 85

1. PLACE OF DEATH:

(a) County VERNON

(b) City or town NEAR NEVADA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: AT HOME 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community About 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Vernon 108

(c) City or town near Nevada Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1½ Miles North
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME GEORGE ALBERT REED

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Addie Maud Reed

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug (Month) 3 (Day) 1865 (Year)

8. AGE: Years 75 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Greencastle (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation — Retired Farmer

11. Industry or business —

FATHER
12. Name SAM REED
13. Birthplace GREENCASTLE (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name SARAH ? (UNKNOWN)
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
(b) Address Mrs L. S. Hagermary Aberdeen

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 28 41 (Month) (Day) (Year)

(c) Place: burial or cremation Balltown

18. (a) Signature of funeral director [signature]
(b) Address Rich Hill Mo

19. (a) Mar. 14, 1941 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1941 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feb 11, 1941, to Feb 26, 1941, that I last saw him alive on Feb 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia. — Duration Feb 11th Onset.

Due to ✓

Due to ✓

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

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? ✓
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. Love (M. D. or other) MD

Address Nevada, Mo Date signed 3/1/41.

(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.

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RECEIVED
District Health Officer No. 7,
District File Number 4-41-628
Date Filed 4-8-41

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 John D. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.