

Registration District No. 1050

Primary Registration District No. 5635

1. PLACE OF DEATH:

(a) County Lawrence Nat. Plains  
(b) City or town Shenandoah Mo. 6420  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (no)  
In this community about 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Near Shenandoah Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country American citizen, born in Germany

3. (a) PRINT FULL NAME

George Reeder

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife not known

6. (c) Age of husband or wife if alive not known years

7. Birth date of deceased Jan 15 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farm Laborer

11. Industry or business Agricultural

12. Name Not known

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Phil Schmidt

(b) Address State City 720

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr 8 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery Law Co. 420

18. (a) Signature of funeral director George B. Co.

(b) Address 7th & Main 720

19. (a) April 10th 1941 (Date received local registrar) Phil Woods (Registrar's signature)

20. DATE OF DEATH: Month April day 5th year 1941 hour 9 minute 15 am

21. I hereby certify that I attended the deceased from 1st 1941 that I last saw him alive on April 1 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 101

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature George B. Co. (M. D. or other) MD

Address 7th & Main Mo. Date signed 4/8/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Rice Wood  
Newtown, Mo

RECEIVED

District Health Officer No. 6,

District File Number 541-759

Date Filed MAY 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 George B. Orr  
Licensed Embalmer No. 946  
P. O. Address 7th Vernon St

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, fact should be so stated above.