

FILED MAY 10 1943

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16159**

Registration District No. **875-**

Primary Registration District No. **6162**

Registrar's No. **120**

**1. PLACE OF DEATH:**  
(a) County: **Washington**  
(b) City or town: **Springfield**  
(c) Name of hospital or institution: **Wall Hosp #3**  
(d) Length of stay: **18 days**  
In this community: **18 days**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State: **MO**  
(b) County: **Greene**  
(c) City or town: **Springfield**  
(d) Street No.: **757 East Elm**  
(e) If foreign born, how long in U. S. A.?: **0** years.

**3. (a) PRINT FULL NAME:** **George F Reed**

**3. (b) If veteran, name war:** **Unknown**  
**3. (c) Social Security No.:** **Unknown**

**4. Sex:** **M**  
**5. Color or race:** **W**  
**6. (a) Single, widowed, married, divorced:** **MA**

**6. (b) Name of husband or wife:** **Virgie a Reed**  
**6. (c) Age of husband or wife if alive:** **8X** years

**7. Birth date of deceased:** **Oct 23 1855**  
(Month) (Day) (Year)

**8. AGE:**  
Years: **85** Months: **6** Days: **30**  
If less than one day: **hr. min.**

**9. Birthplace:** **Indiana**  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** **architect**

**11. Industry or business:** **"**

**MOTHER FATHER**  
**12. Name:** **Unknown**  
**18. Birthplace:** **"**  
**14. Maiden name:** **"**  
**15. Birthplace:** **"**

**16. (a) Informant:** **Hosp. Records**

**17. (a) (Burial, cremation, or removal):** **Personal**  
**(b) Date thereof:** **April 22 1941**  
(Month) (Day) (Year)

**(c) Place: burial or cremation:** **Maple Park**

**18. (a) Signature of funeral director:** **F. C. Thibault**

**(b) Address:** **Springfield, Mo.**

**19. (a) (Date received local registrar):** **4-22-41**  
**(b) (Registrar's signature):** **Allen V. Stays**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month: **April** day: **22** year: **1941** hour: **5:40** minute: **0** A. M.

**21. I hereby certify that I attended the deceased from** **April 4** **1941**, to **April 22** **1941**,  
that I last saw **him** alive on **April 21** **1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial**  
**Heart disease**

Due to: **Arteriosclerosis**

Due to: **Sensility**

Other conditions: **g. s. 10**  
(Include pregnancy within 3 months of death)

**Major findings:**  
Of operations: **"**  
Of autopsy: **"**

**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?  
**79.5** (Specify type of place) (e) Means of injury: **"**

**23. Signature:** **J. A. Hopburn** (M. D. or other) **"**  
Address: **Moore** Date signed: **4/23/41**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

800

RECEIVED

District Health Officer No. 71

District File Number 5-41-792

Date Filed 5-7-41

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**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 R. H. Thorne

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.**