No. 2
13-40
17-39
X23150

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

JUN 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18300

Registration District No. 486 Primary Registration District No. 5-649 Registrar's No. 15

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Elsberry (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Hnoricane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln 57
(c) City or town Snow Hill Township (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. Elsberry 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Alexander Reid
3. (b) If veteran, name war
3. (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 Mrs. Susie Reid
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) - 28 (Day) - 1870 (Year)

8. AGE: Years 70 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Lincoln County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name John M. Reid
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha E. Alexander
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant W. S. Reid
(b) Address Elsberry, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 17 (Day) 1941 (Year)
(c) Place: burial or cremation Reid Cemetery near Oketa
18. (a) Signature of funeral director Clifton Miller
(b) Address Elsberry, Mo.
19. (a) May 15, 41 (Date received local registrar) (b) Dr. W. Powell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1941 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from 2-17, 1941, to 5-14, 1941
that I last saw him alive on 5-14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Chronic)
Due to Arterial Sclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 [signature] (M. D. or other)
Address Old Monroe Mo. Date signed 5/14/41

(Licensed Embalmer's Statement on Reverse Side)

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 me May 14 - 1941, Registered Apprentice No. ~~3364~~ working under my personal supervision.

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address: Elsberry, Mo.

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

If this body is not embalmed, fact should be so stated above.