

No. 2  
1-4-41  
17-39  
X28390

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18596

Registration District No. 649

Primary Registration District No. 6286

Registrar's No. 3

1. PLACE OF DEATH:

(a) County - Ozark  
(b) City or town - Rural - noble  
(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. 59 years (Specify whether years, months or days)  
In this community 59 years

2. USUAL RESIDENCE OF DECEASED:

(a) State - Missouri (b) County - Ozark 77  
(c) City or town - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. - 5 mi. South of Wasola, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Bedford N. R. M. Reid

3. (b) If veteran, name war L  
3. (c) Social Security No.                     

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Idelia E. Reid  
6. (c) Age of husband or wife if alive                      years

7. Birth date of deceased Sept. 7 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 25  
If less than one day                      hr.                      min.

9. Birthplace Webster Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business                     

MOTHER FATHER { 12. Name J. H. Reid  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Aldridge  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Douie L. McSwain  
(b) Address Thornfield, Mo.

17. (a) Burial (b) Date thereof June 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Peters Cemetery

18. (a) Signature of funeral director D. B. McClure  
(b) Address Grinesville, Mo.

19. (a) June 3, 1941 (b) Hattie E. Douie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 3  
1940 to June 1 1941  
that I last saw him alive on May 27 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate  
several years

Due to                       
Due to                     

Other conditions 51R  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations                       
Of autopsy                     

PHYSICIAN  
Duration                       
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?                     

(e) Place of injury 51R (Specify type of place)  
(f) Means of injury                     

23. Signature M. J. Hoernman M. D. or other                       
Address Grinesville, Mo. Date signed June 12, 1941

RECEIVED

District Health Officer No. 6,

District File Number 641-918

Date Filed JUN 9 1941

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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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**