No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28078

FILED SEP 9 1941

Registration District No. 204

Primary Registration District No. 3013

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County CLINTON

(b) City or town CAMERON, MISSOURI.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~NONE~~ 414 W. 4th Cameron Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE. (Specify whether
In this community SIXTY YEARS. 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 025

(a) State Missouri (b) County Clinton 1

(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")

(d) Street No. 414 W. 4th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No 0

3. (a) PRINT FULL NAME FILLMORE REED

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife LILLIE M. REED

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased AUGUST (Month) 2 (Day) 1856 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	no	9	hr. min.

9. Birthplace BRECKENRIDGE (City, town, or county) MISSOURI. 0 (State or foreign country)

10. Usual occupation FLOUR SALESMAN

11. Industry or business

FATHER
12. Name THOMAS W. REED 1
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ABIGAIL DEWEY
15. Birthplace INDIANA (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs Fillmore Reed
(b) Address 414 W 4th St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 13 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Packard Cemetry

18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron Missouri

19. (a) Aug 13 1941 (Date received local registrar) (b) Dr C S Rieler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1941 hour 4:00 minute P.M.

21. I hereby certify that I attended the deceased from Aug 7, 1941, to Aug 11, 1941;
that I last saw him alive on Aug 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Abdominal abscess Chronic nephritis

Due to Arteriosclerosis general

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration: 1 week

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

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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 Glenn R Peter (M. D. ~~or other~~) 0
Address Cameron, Mo Date signed 8/13/41

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(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed James Scott Huckshorn

Licensed Embalmer No. 4092

P. O. Address Cameron, Missouri

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

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