No. 2
1-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31010

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 223

10
2
4

**1. PLACE OF DEATH:**

(a) County Boone

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

(c) Name of hospital or institution: Boone County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether

In this community 40 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Boone

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

(d) Street No. 107 So. 7th (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN MILTON REED

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura Scott

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

7. Birth date of deceased Feb (Month) 22 (Day) 1869 (Year)

8. AGE: Years 72 Months 5 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Blacksmith

11. Industry or business

FATHER
12. Name Martin Reed
13. Birthplace Davies Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Sarah Davis
15. Birthplace Calloway Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Chas Tremble

(b) Address Columbia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 10 (Day) 41 (Year)

(c) Place: burial or cremation New Salem Cem

18. (a) Signature of funeral director Parker's

(b) Address Columbia, Mo

19. (a) 8/11/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug, day 8th year 1941 hour 230 minute AM M.

21. I hereby certify that I attended the deceased from Aug 7, 1941, to Aug 8th, 1941 that I last saw him alive on Aug 7th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Shock from Broken hip Myocardium Chronic

Due to General Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

1950
99

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 118

(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 Stephen D Smith (M. D. or other) 11

Address Columbia, Mo Date signed

(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: Chas. Laring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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, fact should be so stated above.**