DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42749

Registration District No. 686 | Primary Registration District No. 5963 | Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Pike

(b) City or town: [illegible] (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Near Curryville - Spencer Township Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No (Specify whether) In this community: 78 - 3 - 28 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pike

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

(d) Street No.: Spencer Township (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: George H. Reading

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Arbie Reading

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

7. Birth date of deceased: Aug. (Month) 16 (Day) 1863 (Year)

8. AGE: Years 78 | Months 3 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Near Curryville (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: William Reading
13. Birthplace: Pike Co (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Susan Coon
15. Birthplace: Near Louisiana - Pike Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature: Arbie Reading
(b) Address: Curryville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 15 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Air Cemetery

18. (a) Signature of funeral director: H. B. Elmore
(b) Address: Bowling Green Mo.

19. (a) Dec 15 - 1941 (Date received local registrar) (b) Gene E. Hendrix (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14th year 1941 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 20th, 1941, to Dec. 14th, 1941; that I last saw him alive on Dec. 14th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the bladder — Duration

Due to: —

Due to: —

Other conditions: — (Include pregnancy within 3 months of death)

52 b

Major findings: Of operations: none

Of autopsy: none

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature: James R. Biggs M. D. (M. D. or other)
Address: Bowling Green Mo. Date signed 12/15/41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

60M-8-17-39
Rev. 5-17-39
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RECEIVED
District Health Officer No. 10
District File Number 1-4-2-33
Date Filed JAN 9 1942

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 not Embalmed, Registered Apprentice No. ~~3466~~, working under my personal supervision.

Signed H. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green 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.