

FILED JUN 18 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 570

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: 511 North 4th. Street /  
(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 5 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 511 North 4th. Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME William Ezra Reeder

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Cora E. Reeder

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

7. Birth date of deceased April 5 1860  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	1	8	hr. min.

9. Birthplace Staunton Indiana /  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name John Reeder

13. Birthplace Unknown Indiana /  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jenkins

15. Birthplace Unknown Indiana /  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ruby Reeder

(b) Address 511 No. 4th. St., St. Joseph, Mo.

17. (a) Removal (b) Date thereof 5-14-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iola, Kansas

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. & Faraon St., St. Joseph, Mo.

19. (a) 3-13-42 (b) Rae Heyog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th.  
year 1942 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from 3-20 1942 to 5-12 1942  
that I last saw him alive on 5-12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart

Due to Hypertension 10 yrs

Due to General arteriosclerosis 15 yrs

Other conditions Urinary retention 5 days  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations ✓

Of autopsy ✓

13562

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) Nature of injury

23. Signature Thomas Redmond (M. D. or other)  
Address 328 Kirby Street Date signed 5.13.42

1235

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

Dr. R. D. D. D. D.

AUG 15 1956

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 Geo E Powell

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri

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.