

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

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No. 2
X29404

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30258

State File No.

FILED OCT 15 1942

Registration District No. 286-106

Primary Registration District No. 5404 5400

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Dolcomb (Rural)
(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 _____ (Specify whether years, months or days) 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Louis Edward Reid

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26 year 1942 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from May 20 1942 to Sept 26 1942 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Cornelia May Reid

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 2 1892
(Month) (Day) (Year)

Immediate cause of death Pneumonia Duration 3 months

Due to Influenza

Due to Secondary gel. Bldg. operation

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 50 Months 3 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Cooter Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name Stille Reid

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Jess Brooks

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

16. (a) Informant Mrs. Cornelia May Reid

(b) Address Dolcomb, Mo. Route 1

17. (a) Removal (b) Date thereof Sept 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Zion Cemetery, Galesburg, Mo.

18. (a) Signature of funeral director Yerden Unit

(b) Address Steele, Missouri

19. (a) 10-4-42 (b) Mrs. Murt Blankenship
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Dolcomb Date signed 10/1/42

1223

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1942

*Local Registration name
and address
Removal Permit
Mrs. Blankenship*

RECEIVED
District Health Office No. 2,
District File Number 1042-1261
Date Filed 10-6-42

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. 3789
P. O. Address.....*State, Md*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30258
Registrar's No. 12

Registration District No. 106

Primary Registration District No. 5420

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME J. Edward Reid

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years 50 Months 3 Days 14 if less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 26
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I first saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Empyema Duration _____

Due to Influenza & Pneumonia

Due to Gallstones, gall bladder infection

Other conditions Stone

(Include pregnancy within 3 months of death)

Major findings: Heart unfiled, gall bladder with stone

Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

