

S. No. 2
M-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Burdson
36651
State File No. _____
Registrar's No. 5

DEC 8 1942
Registration District No. _____

Primary Registration District No. 5122-4451

10000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Boone**
(b) City or town **Brown Station - Rural - Rocky Fork**
(c) Name of hospital or institution:
Rural Route 1, Brown Station, Mo.
(d) Length of stay: In hospital or institution **68 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Boone**
(c) City or town **Brown Station Rural**
(d) Street No. **Rural Route 1**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **MINNIE MAUDE REID**
(b) If veteran, name war **None**
(c) Social Security No. **None**

20. DATE OF DEATH: Month **Nov.** day **13**
year **1942** hour **6:45** minute **A.** M.
21. I hereby certify that I attended the deceased from **Sept 12** 19**38** to **Nov 12** 19**42**
that I last saw him alive on **Nov 12** 19**42**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **W.O. Reid**
(c) Age of husband or wife if alive **76** years
7. Birth date of deceased **8 - 26 - 1874**

Immediate cause of death **Pneumonia**
Due to **Cardiac Atrophy and Insufficiency**
Due to **Senility**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years **68** Months **2** Days **17**
9. Birthplace **Boone County Missouri**
10. Usual occupation **Housewife**

11. Industry or business
12. Name **Thomas Henry Stone**
13. Birthplace **Not Known**
14. Maiden name **Mary Harrison Lampton**
15. Birthplace **Not Known**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant **Bernard Reid**
(b) Address **Columbia, Mo.**
17. (a) **Burial** (b) Date thereof **11-15-42**
(c) Place: burial or cremation **Memorial Park Cemetery**

23. Signature **D. P. Burdson** (M.D. or other)
Address **Columbia Mo** Date signed **11/13/42**

18. (a) Signature of funeral director **Parker Funeral Home**
(b) Address **Columbia, Missouri**
19. (a) **Nov. 16 1942** (b) **Mrs. Ralph Bryan**

1243 (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

W. J. Williams

Licensed Embalmer No. *3893*

P. O. Address

Columbia

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. 36651

Registration District No. 40

Primary Registration District No. 5/22

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Boone

(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 Minnie Maude Reed

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

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 aug 26
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>no</u>	min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

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 Nov day 3
year 1942 hour _____ minute _____ M.

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

Immediate cause of death pneumonia
cardiac asthma
an insufficiency
Due to severely
bronchial pneumonia

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

Duration _____

Major findings: _____

Of operations _____

Of autopsy 107

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? _____

23. Signature R. A. Ferguson (Specify type of place) _____
Address _____ (e) Means of injury _____
Date signed _____

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

SUPPLEMENTARY

S-36651