

DEC 10 1943

Registration District No. 1/6

Primary Registration District No. 3020

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs (Specify whether
In this community 10 yrs - (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington Mo R R 1
(If outside city or town limits, write "RURAL")
(d) Street No. Rural R R 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes name country -

3. (a) PRINT FULL NAME HENRY GOERITZ REED

3. (b) If veteran name war none 3. (c) Social Security No. 499-03-2136

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine Reed 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 18 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 26 If less than one day hr. min.

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

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business
12. Name Lafayette Reed
13. Birthplace Owensville Mo
(City, town, or county) (State or foreign country)
14. Maiden name Orinda Holtzcluh
15. Birthplace Owensville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Reed
(b) Address Washington R R 1 - Mo
17. (a) Burial (b) Date thereof 12-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville Mo
18. (a) Signature of funeral director Alto Ho
(b) Address Washington Mo
19. (a) 12-16-42 (b) Lucille Reuther
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 14 - 1942
year 4 hour 45 minute P M.

21. I hereby certify that I attended the deceased from Dec 13 1942 to Dec 14 1942
that I last saw him alive on Dec 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
Due to Heart failure
Due to Heart failure

Other conditions None to my knowledge
(Include pregnancy within 3 months of death)

Major findings: Operated at Columbia State Cancer Hospital, Post
Of operations no autopsy
Of autopsy no autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence V
(c) Where did injury occur? V (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury V
23. Signature R. R. Cutler M. D. (M. D. or other)
Address Washington, Mo Date signed 12-15-42

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

36
26
2

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.....

none....., Registered Apprentice No. *none*
working under my personal supervision.

Signed *Henry W. Otto*
Licensed Embalmer No. *3560*
P. O. Address *Washington*

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.