

JAN 23 1943
Registration District No. **146**

Primary Registration District No. **5568**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Jackson Cit. Blue**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
522 So. Cedar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Intersect Dist Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **522 So. Cedar**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no.**

3. (a) PRINT FULL NAME **Jessie Bright Reeder**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ruth Anna Reeder** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **June 9 1878**
(Month) (Day) (Year)

8. AGE: Years **64** Months **5** Days **27** If less than one day hr. min.

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

10. Usual occupation **Antique Dealer**

11. Industry or business

MOTHER FATHER
12. Name **Samuel B. W. Reeder**
13. Birthplace **Dayton Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Harriet Bright**
15. Birthplace **Callaway Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruth Anna Reeder**
(b) Address **522 So. Cedar**

17. (a) **Burial** (b) Date thereof **12/8/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Rose Hills Cem.**

18. (a) Signature of funeral director **Geo. C. Carson**
(b) Address **Independence Mo.**

19. (a) **12-8-42** (b) **James W. Ross**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **6**
year **1942** hour **8:45** minute **17** A. M.
21. I hereby certify that I attended the deceased from **8/11/42**
to **Dec 6 1942**
that I last saw him alive on **Dec 1 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Cecum (Colon)** Duration **1 year**

Due to **H62**
Due to
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **Carcinoma of Cecum (Colon)**
Of operations
Of autopsy

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) Means of injury
23. Signature **James W. Ross** (M. D. or other)
Address Date signed

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

Kan Seebail

Licensed Embalmer No.

2767

P. O. Address

Quincy, 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, fact should be so stated above.