

FILED FEB 15 1943
Registration District No. 538

State File No. _____

Primary Registration District No. 4071

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Camden
(b) City or town Camdenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life and 11 yrs in the Home
years, months or days _____ (Specify whether)

3. (a) PRINT FULL NAME Barney Reed
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wht
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 12 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 5
If less than one day hr. _____ min. _____

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

10. Usual occupation Attorney at Law

11. Industry or business _____

12. Name Barabus Reed

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

14. Maiden name Rebecca Jennell
(City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) Burial (b) Date thereof Jan 19-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Mo.

18. (a) Signature of funeral director Bankson Wooler

(b) Address Camdenton Mo

19. (a) 1/29/43 (b) Berena Hopk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Camden
(c) City or town Camdenton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1943 hour four minute forty P.M.

21. I hereby certify that I attended the deceased from January 17, 1943, to January 17, 1943, that I last saw him alive on January 17, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitic-chronic
Also hemiplegia

Duration 1938

Due to _____

Due to _____

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

Major findings: Of operations None

Of autopsy None

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 E. G. Quibone M.D. (M.D. or other)

Address Camdenton Missouri Date signed 1/19/43

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

RECEIVED

District Health Officer No. 7,

District File Number 1-43-6

Date Filed 2-2-43

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 Abbi Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Chardon, Ohio

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.