

FILED NOV 13 1943

Registration District No. **260**

Primary Registration District No. **5593**

Registrar's No. **69**

1. PLACE OF DEATH:

(a) County **Jefferson**
(b) City or town **Plattin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Plattin Camp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)
In this community **1**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson**
(c) City or town **Plattin 050**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME

George Edward Reid

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

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

6. (b) Name of husband or wife **Martha J Reid** 6. (c) Age of husband or wife if alive **26** years

7. Birth date of deceased **June 26 1872**
(Month) (Day) (Year)

8. AGE: Years **71** Months **2** Days **21**
If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Martha J Reid**

(b) Address **Plattin Mo**

17. (a) **Burial** (b) Date thereof **9/18/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **De Soto Mo**

18. (a) Signature of funeral director **Frank Funeral Parlor**
(b) Address **De Soto Mo**

19. (a) **Sept 14, 1943** (b) **A. L. C. Weir**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **16** da
year **1943** hour **6** minute **40 P** M.

21. I hereby certify that I attended the deceased from **Jan 1 1943** to **Sept 16 1943**
that I last saw him alive on **Sept 13 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Solar pneumonia** Duration **2 week**

Due to **Cancer of stomach**

Due to

Other conditions **Embo & myocarditis** 1 yr
(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 **Ernest J. ...**
Address **Verulow, Mo** Date signed **9/17/43**

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

1000

12657

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 _____

Eleana Province

Licensed Embalmer No. _____

3403

P. O. Address _____

Detroit, MI

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.