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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

Registration District No. 72

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5292

State File No. 2531

Registrar's No. 5

1. PLACE OF DEATH:

(a) County CLAY Platte Twp.

(b) City or town SMITHVILLE, MO. R.F.D.
(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 (Specify whether years, months or days)

In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED: 24

(a) State MO. (b) County CLAY

(c) City or town SMITHVILLE, R.F.D.
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ALBERT LEE REED

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JESSIE WOOD REED

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JUNE (Month) 28 (Day) 1877 (Year)

8. AGE: Years 66 Months 6 Days 4 If less than one day hr. min.

9. Birthplace CLINTON COUNTY (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name WATSON REED
13. Birthplace CLINTON CO. (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name ANNIE WORTH
15. Birthplace (City, town, or county) ILL. 1 (State or foreign country)

16. (a) Informant MRS. A. L. REED

(b) Address SMITHVILLE, MO. R.F.D.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/4/'44 (Month) (Day) (Year)

(c) Place: burial or cremation SMITHVILLE, MO.

18. (a) Signature of funeral director McComs Funeral Home

(b) Address Smithville, Mo.

19. (a) Jan 5-1944 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 2nd year 1944 hour 5: minute a. M.

21. I hereby certify that I attended the deceased from Jan 1-1944, 19__, to Jan 2, 1944; that I last saw him alive on Jan 1, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Coronary Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work (e) Means of injury

23. Signature J. Hobbs (M. D. or other) MD

Address Smithville, Mo Date signed 1-3-44

926 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 6
District File Number
Date Filed 1-26-47

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 S. A. McDonnor

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.