

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14191
Registrar's No. 331

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6412 Brown St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years
40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles W. Reed
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased December 18, 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 21
If less than one day hr. min.

9. Birthplace Stevenson County, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation None (Pensioner)

11. Industry or business None
12. Name Joseph Reed
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Tolman
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie Robertson (Sister)
(b) Address 801 W. Valley St., City
17. (a) Burial (b) Date thereof 3/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT Auburn Cemetery
18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., City
19. (a) 3-13-44 (b) Roe Steigo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 6412 Brown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10
year 1944 hour 5 minute 6 M.
21. I hereby certify that I attended the deceased from Mar 10, 1944
to 19, 1944, to 19;
that I last saw him alive on 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Asphyxiation and second degree burns
Due to 18.1-15
Due to 15

Other conditions Man was suffocated and burned over his entire body, while alone in his home when caught on fire.
Major findings:
Of operation no
Of autopsy no
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Mar 10 - 1944
(c) Where did injury occur? St Joseph Buch Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In the home
While at work? no (Specify type of place) (e) Means of injury Fire and smoke

23. Signature H F Munday (M. D. or other) Carover
Address 404 So 3d St Date signed 3/14/44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1233

St Joseph Mo

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, ~~only~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

John C. Rupp

Licensed Embalmer No. *3986*.....

P. O. Address: *St. Joseph, 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.