

FILED SEP 11 1945

Primary Registration District No. 44105947

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town ST James
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Soldiers Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps
(c) City or town St James
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Geo B Reed

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

4. Sex M 5. Color or race H. 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Mildred Reed 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 12 - 11 - 1879
(Month) (Day) (Year)

8. AGE: 65 Years 8 Months 22 Days
If less than one day hr. _____ min. _____

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

12. Name Geo B Reed

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

14. Maiden name Edna Bell

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

16. (a) Informant Mildred Reed

(b) Address St James Mo

17. (a) Burial Date thereof 9-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home care

18. (a) Signature of funeral director W. H. Reckler

(b) Address St James Mo

19. (a) Sept - 6 - 45 (b) Cora E. Birmingham
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4
year 1945 hour 8:30 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Crises 1 day
Due to myocarditis 2 yrs
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? _____
While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature William H. Breuel (M. D. or other) _____
Address St James Mo Date signed _____

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

MOTHER FATHER

SEP 12 1945

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: *W. E. Ricklider*

Licensed Embalmer No. *1970*

P. O. Address: *St James 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.

Registration District No. 216

Primary Registration District No. 44105947

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Soldiers Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs.
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Yes. B. Reed

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Reed
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days _____
(If less than one day hr. min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-14-45 (b) Carole Birmingham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

1945
S-28179