S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Keer

State File No. 2750

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 68

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

669

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1025 E. Olive /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1025 E. Olive 6
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edna Reed

3. (b) If veteran, name war No

3. (c) Social Security No. 497-24-2518

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Reed

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

7. Birth date of deceased Sept. (Month) 1, (Day) 1891 (Year)

8. AGE: Years 54 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation Toy Maker

11. Industry or business C.A. Bissman Co.

FATHER
12. Name J. Smith
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 4

MOTHER
14. Maiden name Alice Booker
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 4

16. (a) Informant Eugene Smith
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1.26.46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 1-25-46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 year 1945 hour 8 minute 45a. M.

21. I hereby certify that I attended the deceased from Nov 12-43 Jan 24 1946 to Jan. 24 1946 that I last saw her alive on Jan 22-8 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Valvular heart trouble acute	
Due to: Liver trouble with dropsical heart	
Due to: —	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy no	

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? no (e) Means of injury —

23. Signature H E Kerr (M. D. or other)

Address 636 E Grant Springfield Mo. Date signed 1-24-46

(Licensed Embalmer's Statement on Reverse Side)

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 Roy H Mercer, Registered Apprentice No. 380, working under my personal supervision.

Signed J. Dwight Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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. X