. No. 2
M—2-43
5-17-39
PI X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12906

Registration District No. 126 Primary Registration District No. 5463 Registrar's No.

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: R. F. D. # 5.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 5. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Ralph Sherman Reed

3. (b) If veteran, name war W. W. # 1

3. (c) Social Security No. 491-05-0536

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ruth N. Reed

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August (Month) 16 (Day) 1896 (Year)

8. AGE: Years 49 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Christian Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Plumber & Steam Fitter

11. Industry or business Plumbing

FATHER
12. Name George O. Reed
13. Birthplace Douglas Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Martha Lea
15. Birthplace Webster Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Ruth N. Reed
(b) Address R. F. D. # 5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 24-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Comfort Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.

19. (a) Apr. 24, 1946 (Date received local registrar) (b) Mrs. Porter O'Dell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1946 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 4-14, 1944, to 4-19, 1944 that I last saw h[illegible] alive on 4-14-, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage following Influenza

Due to

Due to

Other conditions Had Hemorrhoid Echoing
(Include pregnancy within 3 months of death)
about 5 or 6 wks before.

Major findings:
Of operations

Of autopsy 13 [illegible]

Duration

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 C. E. Feller (M. D. ~~or other~~) 0

Address Springfield Mo. Date signed 4/23/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office, MAY 6 1946
County File Number 46-4-53
Date Filed 4-30-46

MAY 7 1946

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 Roy A. Cavin

Licensed Embalmer No. 1763

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.