

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUL 9 1948 STANDARD CERTIFICATE OF DEATH

State File No. **19566**

Registration District No. **42** Primary Registration District No. **1000**

Registrar's No. **700**

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

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:
6604 Brown St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **50 years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **THOMAS DANA REEDER**

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 **Single**

6. (b) Name of husband or wife **no** 6. (c) Age of husband or wife if alive **13** years **1874**

7. Birth date of deceased (Month) **April** (Day) **13** (Year) **1874**

8. AGE: Years **72** Months **2** Days **5** If less than one day hr. _____ min. _____

9. Birthplace **Versailles, Illinois /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer,**

11. Industry or business **none**

MOTHER FATHER

12. Name **John W. Reeder**

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

14. Maiden name **Chloe J. Davis**

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

16. (a) Informant **Benjamin Reeder (Brother):**

(b) Address **6604 Brown St., City**

17. (a) **Burial** (b) Date thereof **6-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **King Hill Cemetery**

18. (a) Signature of funeral director **John C. Rupp**
(b) Address **6054 Pryor Ave., City**

19. (a) **June 19, 1948** (b) Registrar's signature **J. M. Mathews**
(Date received local registrar) (Registered Professional Embalmer)

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. **6604 Brown St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18,**
year **1946** hour **2** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **viewed**
June 18th, 19**46**, to _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death **Mitral Insufficiency** Duration _____

Due to _____

Due to _____

Other conditions **Chronic Bronchial Asthma**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **92%**

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)
(e) Means of injury **3**

23. Signature **R. W. Tadlock** (M. D. or other) _____
Address **King Hill Bldg.** Date signed **7/18/46**

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 E. 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.