

FILED MAR 25 1947

Registration District No. 174

Primary Registration District No. 3052

Registrar's No. 66

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

1. PLACE OF DEATH: Pettis

(a) County Pettis

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

(c) Name of hospital or institution: Bathwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 84 yrs 3 months

3. (a) PRINT FULL NAME EDWIN BAXTER REED

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 20 years (Day) (Year)

7. Birth date of deceased November 20 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days If less than one day hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business same

MOTHER FATHER

12. Name Carson Reed 9

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

14. Maiden name Frances Venable

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

16. Informant Mrs Wesley Lower

(b) Address Sedalia Star Route

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation atterville - 7.00. ELEM

18. (a) Signature of funeral director Hays Painter

(b) Address atterville, ms.

19. (a) 2-21-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

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

(d) Street No. (If rural, give location) 1

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1947 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jaw, 1947, to Feb 20, 1947, that I last saw him alive on Feb 19, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Prostate involving bladder 1 yr

Due to

Due to

Other conditions: 518
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 John S. Fogh (M. D. or other) MD
Address Atterville, Mo Date signed 2/24/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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RECEIVED

District Health Officer No. 8;

District File Number _____

Date Filed 2-24-47

13311 17124 17124

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 _____

myself, Registered Apprentice No. _____
working under my personal supervision.

Signed *R. L. Painter*

Licensed Embalmer No. *4069*

P. O. Address *Pilot Grove, Wis.*

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.