S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1947

Registration District No. 4

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16869

Primary Registration District No. 3012

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Clay

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 24 years, Excelsior Springs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs 1 (If outside city or town limits, write "RURAL")

(d) Street No. Crescent Lake near Ex. Spgs. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CLARENCE STANLEY REED

3. (b) If veteran, name war World War I

3. (c) Social Security No. 499-10-9777

4. Sex M O

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 7 (Day) 1894 (Year)

8. AGE: Years 53 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Taxi Driver

11. Industry or business —

FATHER
12. Name Steven C. Reed
13. Birthplace Gallatin (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Martha Bruer
15. Birthplace Gallatin (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Nannie E. Hill

(b) Address Rural, Excelsior Springs

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12/47 (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs Crown Hill

18. (a) Signature of funeral director Virgil Hope

(b) Address Excelsior Springs Mo.

19. (a) 5/13/47 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 9 day year 1947 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan 14, 1947, to 5-9, 1947; that I last saw him alive on 5-9, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 day
Arteriosclerosis - many	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94 A

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. B. Robinson (M. D. or other) MO

Address Excelsior Springs Mo Date signed 5/12/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-29-47

NOV 19 1947

JUL 8 1948

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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.