

No. 2  
-12-45  
5-17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20094  
Registrar's No. 168

FILED JUN 18 1947

Registration District No. 38 Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution One day  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura Lula Reed

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. -

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Marion Reed 6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased 6 25 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 11 13 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Neighbors  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Strucy Neighbors  
15. Birthplace Chariton Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ralph J. Reed  
(b) Address R # 2 Highestville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Geo. D.illard  
(b) Address Sedalia, Mo.

19. (a) June 7 1947 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 209 East 7th 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 7  
year 1947 hour 10:55 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Jan. 2  
1946, to June 7, 1947  
that I last saw her alive on June 7, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac De compensation Duration 3 days.

Due to Myocarditis Unknown

Due to \_\_\_\_\_

Other conditions (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 H.M. Wiley (M. D. certifying) \_\_\_\_\_  
Address Columbia, Mo. Date signed 6-7-47

6/17/47  
Date Filed

District File Number

District Health Officer No. 9,

RECEIVED

**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 John A. Cantlow  
Licensed Embalmer No. 4387  
P. O. Address Sedalia, 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.