

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27406

FILED AUG 20 1947

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 702

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:
1931 N. Broadway Ave., /
(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 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 1931 N. Broadway 6
(If rural, give location) 0
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Cora Ollie Reed
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 4,
 year 1947 hour 2 minute 10 A.M.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife H. W. Reed
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased April 17, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Aug. 3 1947 to Aug. 4 1947
 that I last saw or alive on Aug 3 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>3</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death
Coronary artery occlusion - 1 day
 Due to Coronary artery dis.
 Due to Cardio-vascular system - 1
extensive dis.

9. Birthplace Pulaski County = Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation House Wife

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business At Home
 12. Name W.H. Pittman
 13. Birthplace Pulaski County Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant H. W. Reed
 (b) Address 1931 N. Broadway.
 17. (a) Burial (b) Date thereof 8-6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Brookline Mo. Cem.

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? _____

18. (a) Signature of funeral director W. Klingner & Co.
 (b) Address Springfield Mo.
 19. (a) 8-5-47 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature Arthur P. Knapp (M. D. or other) MD
 Address 401 1/2 S. Connel Date signed 8-4-47

Spfld., Mo.

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

DEC 5 1950

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

Max Rhodes

Licensed Embalmer No.

24077

P. O. Address

[Signature]

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.