No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1947

Registration District No. 383

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 28255

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 73 days (Specify whether
In this community 73 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis County 96

(c) City or town Kinloch, St. Louis County
(If outside city or town limits, write "RURAL")

(d) Street No. Scudder and Evergreen Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Gladys Reed

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Walter Reed

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct. (Month) 17 (Day) 1901 (Year)

8. AGE: Years 46 Months 9 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Peter Barney
13. Birthplace Greenville (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Rosie Crenshaw
15. Birthplace Rocksprings (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San, Mt. Vernon, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6 47 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Fossett F Home
(b) Address Mt Vernon Mo

19. (a) 8/6/47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3d
year 1947 hour 7:45 minute P.M.

21. I hereby certify that I attended the deceased from May 22, 1947 to Aug. 3, 1947;
that I last saw her alive on Aug. 3, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Far Advanced Pul. Tuberculosis	Abt. 6 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature [illegible] (M. D. or other) M.D.
Address Mount Vernon, Missouri Date signed 8-4-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 847-877
Date Filed AUG 22 1947
NOV 30 1948

JUL 11 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 By Me, Registered Apprentice No. , working under my personal supervision.

Signed H W Fassett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon M

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.