V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 31 1947

Registration District No. 3 0

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36790

Primary Registration District No. 6112 B.

Registrar's No.

ENCLO

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

OCT 30 1947

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Illmo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott 100
(c) City or town Illmo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jacob Samuel Reed
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Emma Elizabeth Reed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 19 (Day) 1863 (Year)

8. AGE: Years 84 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Ware Union Co (City, town, or county) Ill (State or foreign country)
10. Usual occupation Retired Merchant
11. Industry or business

MOTHER FATHER
12. Name Jacob Reed
13. Birthplace Johnson Co (City, town, or county) Ill (State or foreign country)
14. Maiden name Mollie P Masters
15. Birthplace N.C (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. L. Rice
(b) Address Illmo, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Wightners Illmo, Mo.
18. (a) Signature of funeral director Bistlinghoff Funeral Home
(b) Address Illmo, Mo.
19. (a) 10-27-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1947 hour 11 minute A M.
21. I hereby certify that I attended the deceased from Oct. 11, 1947 to Oct. 26 1947 that I last saw him alive on Oct. 26 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Lobar Pneumonia 2 days
Due to Thigh Fracture
Due to Senility
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) Thigh Fracture
(b) Date of occurrence Oct. 11 1947
(c) Where did injury occur? Illmo Scott Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Thigh Fracture
23. Signature [illegible] (M. D. or other)
Address Illmo Mo Date signed 10-27-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1042-1401
Date Filed 10-29-42

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 Oliver C Amick, Registered Apprentice No. 455, working under my personal supervision.

Signed Mamie Bisplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.