

No. 300  
M-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAR 19 1948

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9828  
Registrar's No. 10

Registration District No. 275

Primary Registration District No. 6015

1. PLACE OF DEATH:

(a) County randolph  
(b) City or town Moberly R.F.D.#2  
(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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly R.F.D.#2  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Effie Lee Reed

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John A. Reed 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 26 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 0 14 hr. min.

9. Birthplace Marion County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

12. Name John Waller

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Lou Adkison

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John A. Reed

(b) Address Moberly R.F.D. #2

17. (a) burial (b) Date thereof: 3/13/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton  
(b) Address Huntsville, Mo.

19. (a) 3/13/1948 (b) Mrs. W. A. Barnhart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
year 1948 hour 4:45 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 1, 1941, to March 10, 1948;  
that I last saw her alive on March 10, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 min.

Due to arterio sclerosis & hypertension yr.

Other conditions 94A  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. J. Dreyer (M. D. or other) MD  
Address Huntsville Mo Date signed 3/12/48

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

MOTHER FATHER

SEP 9 1940

RECEIVED  
District Health Officer No. 1  
District Embalmer No. 3-48-510  
Date Filed MAR 17 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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address. Huntsville, 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.