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5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 11 1948
Registration District No. 144

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5562

State File No. 16188
Registrar's No. 11

1. PLACE OF DEATH: Iron, County.
(a) County Pilot Knob. Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. Iro (b) County Iron 47
(c) City or town Pilot Knob 0
(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 Anthony Reed
3. (b) If veteran, name war No
3. (c) Social Security No. 491 18 6347
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9th 1888 (Month) 9 (Day) 9th 1888 (Year)

8. AGE: Years 58 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Piedmont Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation General Labor
11. Industry or business Samuel Brown Reed
FATHER
12. Name 0
13. Birthplace Hogan Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Adelia May Kirkland
15. Birthplace Tenn. (City, town, or county) (State or foreign country) /
16. (a) Informant Robert Reed
(b) Address Pilot Knob Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 18 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont Mo.
18. (a) Signature of funeral director C. A. Howell
(b) Address Crowton Mo
19. (a) 6-7-48 (Date received local registrar) (b) Avis Jones (Registrar's signature) 128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day 15
year 1948 hour 8 P.M. minute 30 M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Accidental	
Due to Being hit by Automobile	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 47
(b) Date of occurrence 5 15 1948
(c) Where did injury occur? Pilot Knob (City or town) Iron (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? City. (Specify type of place)
While at work? (e) Means of injury
23. Signature Chas. Hampton Coroner (M. D. or other)
Address Date signed 5-17-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 648-736

Date Filed 6-10-48

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 C. A. Howell

Licensed Embalmer No. 3670

P. O. Address Trenton 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.