FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23224

Registration District No. 146 — Primary Registration District No. 3026 — Registrar's No. 230

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium & Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Hours (Specify whether
In this community: 3 Hours (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Independence (If outside city or town limits, write "RURAL")
(d) Street No.: 1704 Willow (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: RONALD DEAN 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: Infant
6. (b) Name of husband or wife: ----------
6. (c) Age of husband or wife if alive: ----- years
7. Birth date of deceased: July (Month) 29, (Day) 1948 (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	3 hr. 30 min.

9. Birthplace: Independence, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: ----------
11. Industry or business: ----------

FATHER
12. Name: Raymond Reed
13. Birthplace: Lawrence Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Vetta Baker
15. Birthplace: Yellville Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Raymond Reed
(b) Address: Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills Cem.
18. (a) Signature of funeral director: Roland R/ Speaks
(b) Address: Independence, Missouri
19. (a) 7-31-48 (Date received local registrar) (b) [signature] (Registrar's signature) 3547

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29thm year 1948 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from July 29, 1948, to July 29, 1948, that I last saw him alive on July 29, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature Birth	
Due to: Premature Labor 6½ mos	
Due to: Placenta Praevia of mother	
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):
(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:
23. Signature: L J Olaha (M. D. or other)
Address: 1210 Ash Chicago Mo. Date signed: 7-30-48

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

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.