FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 30 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25565
Primary Registration District No. 5134
Registrar's No. 881

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (rural, washington twship.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural St. Joseph Rt. 6 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 6628 Brown St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Harvey Lee Reed
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 1
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July 14, 1933 (Month) (Day) (Year)

8. AGE: ✓

Years	Months	Days	If less than one day
15	0	25	..... hr. ..... min.

9. Birthplace Carrolton, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Kelsey Nursery
FATHER
12. Name John Reed
13. Birthplace Marshall, Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nellie Whitley
15. Birthplace DeWitt, Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant John Reed
(b) Address 6628 Brown St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Public Cemetery
18. (a) Signature of funeral director CLARK FUNERAL HOME Earl Clark
(b) Address 120 Illinois Ave. St. Joseph, Mo.
19. (a) Aug. 23, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9th
year 1948 hour 6 minute 15 P. M.
Viewed
21. I hereby certify that I attended the deceased from Aug 9th 1948, 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 Accidentally Drowned	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 3	
Of autopsy 26	

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
(b) Date of occurrence Aug, 9th 1948
(c) Where did injury occur? St Joseph, Mo, 131
(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 Drowned
23. Signature B. W. Tadlock Coroner (M. D. or other)
Address KING HILL BLDG., St. Joseph, Mo. 3 Date signed 8/10/48

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

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 compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.