

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20976

State File No.

Registrar's No. 59

FILED JUN 20 1946
Registration District No. 224

Primary Registration District No. 5796

1. PLACE OF DEATH:

(a) County: Moniteau Co. Walker

(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: California, Mo. Rt. #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Moniteau 68

(c) City or town: Rural (d) Street No.: California, Mo, Rt #2
(If outside city or town limits, write "RURAL")
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: Agnes Reed

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female 5. Color or race: White

6. (a) Name of husband or wife: Alex E. Reed 6. (a) Single, widowed, married, divorced: Married

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: Jan 16 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>	<u>4</u>	hr. min.

9. Birthplace: Moniteau Co
(City, town, or county) (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business _____

12. Name: Frank Zimmerman

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

14. Maiden name: Kathryn Zey

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

16. (a) Informant: Alex E. Reed

(b) Address: California, Mo

17. (a) Burial (b) Date thereof: May 22 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Strickfaden Cent.

18. (a) Signature of funeral director: Bowlin Funeral Home

(b) Address: California, Mo.

19. (a) 5-25-46 (b) H.B. Popoway
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1946 hour 8 minute P M.

21. I hereby certify that I attended the deceased from March 1946 to May 20 1946
that I last saw her alive on May 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Natural Regurgitation

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: none

Of autopsy: _____

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? 0

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature: A. L. Mendenhall (M. D. or other) real
Address: Prudice House Date signed: 5/24/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19845

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-15-46

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl R. Boulton
Licensed Embalmer No. 2126
P. O. Address California, M

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.