V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8105

Registration District No. 55 · Primary Registration District No. 3011 · Registrar's No. 19

1. PLACE OF DEATH:

(a) County: Carroll
(b) City or town: Carrollton
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Atwoods Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Carrollton (If outside city or town limits, write "RURAL")
(d) Street No. American Hotel (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BAXTER B. REA
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M D
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 25 (Day) 1877 (Year)

8. AGE: Years 70 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Carroll Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business Farming
FATHER 12. Name Robert D. Rea
13. Birthplace Carroll Co. (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Kate Roller
15. Birthplace Carroll Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant E. O. Rea
(b) Address Marceline, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.
18. (a) Signature of funeral director Standley & Gibson
(b) Address Carrollton Mo.
19. (a) 2/27/48 (Date received local registrar) (b) Mo Herbert Calvert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1948 hour 12 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 12 1948 to Feb 26 1948 that I last saw h. alive on Feb 26 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature J. M. [illegible] M. D. or other) MD
Address Marceline, Mo Date signed 2-27-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Filed 3-18-48

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.