

# Johnson County

## **Reed, Green**

(15 May 1850 -14 Apr 1941) Unidentified Unit Co C 15th MO Inf or 45th Mo Inf Co F. Lived in Knob Noster Buried in Knob Noster City Cemetery.

## **Stall, David**

(11 Oct 1846 - 14 Jan 1941) Since born in Illinois probably same person as was a private in the 30th Illinois Infantry. Lived in Holden, Johnson Co, MO. Buried Pemberton Cemetery.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14925**

Registration District No. **429**

Primary Registration District No. **4255**

Registrar's No. **6**

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

**1. PLACE OF DEATH:** *Johnson*

(a) County *Johnson*

(b) City or town *Knot Noster*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** *Green Reed*

**3. (b) If veteran, name war** *Civil War* **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** *male* **5. Color or race** *white* **6. (a) Single, widowed, married, divorced** *widowed*

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** *May 15 1850*  
(Month) (Day) (Year)

**8. AGE:** Years *90* Months *10* Days *29* If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** *Kentucky*  
(City, town, or county) (State or foreign country)

**10. Usual occupation** *Retired*

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

**12. Name** *Wm. Reed*

**13. Birthplace** *Kentucky*  
(City, town, or county) (State or foreign country)

**14. Maiden name** *unknown*

**15. Birthplace** *unknown*  
(City, town, or county) (State or foreign country)

**16. (a) Informant** *John Reed*

**(b) Address** *Knot Noster, Mo.*

**17. (a) Burial, cremation, or removal** *burial* **(b) Date thereof** *Apr 15 1941*  
(Month) (Day) (Year)

**(c) Place: burial or cremation** *Knot Noster City Cemetery*

**18. (a) Signature of funeral director** *C. P. Sells*

**(b) Address** *Knot Noster, Mo.*

**19. (a) Date received local registrar** *Apr 15 1941* **(b) Registrar's signature** *Richard E. Thurston*  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State *Mo.* (b) County *Johnson*

(c) City or town *Knot Noster*  
(If outside city or town limit, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month *April* day *14*  
year *1941* hour *3:00* minute *0* a.m.

**21. I hereby certify that I attended the deceased from** *April 13*  
*1941*, to *April 14*, *1941*;  
that I last saw him alive on *April 13*, *1941*;  
and that death occurred on the date and hour stated above.

Immediate cause of death: *senility*

Duration \_\_\_\_\_

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? *393*

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

**23. Signature** *E. P. Sells M.D.* **(M. D. or other)** \_\_\_\_\_

**Address** *Knot Noster, Mo* **Date signed** *4/18/41*