REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21219
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew,
(b) Township Rochester,
(c) City
Registration District No. 16
Primary Registration District No. 5020
Registered No. 6
(d) Street No. 4 Mi E. of Savannah, Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 66 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma V. Reece,
(a) Residence, No. 4 Mi. E. Savannah, Mo. R.F.D. # 5 St.
(Usual place of abode, if no street address, write county or city)
200
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Arthur Reece,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1870
7. AGE: Years 68 | Months 2 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maniteau County, Missouri, 0

FATHER
13. NAME Jack Roberts, 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown, 9

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT Joel A. Reece
(ADDRESS) Savannah, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah, Mo. DATE June 30th, 1938
19. FUNERAL DIRECTOR Frank S. Bowman
(ADDRESS) Savannah, Mo.
20. FILED June 29, 1938 Lora E. Frank, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to June 27, 1938
I last saw h. alive on June 28, 1938 Death is said to have occurred on the date stated above, at 3:40 p.m.
The principal cause of death and related causes of importance were as follows:
Mucoid Cancer
Slump gallbladder

Date of onset

Other contributory causes of importance: 46

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Noah C. Myers, M. D.
(Address) Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself June 28, 1

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)