Dr Mc[illegible]

REC'D JUL 25 1938

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

22653
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps — Registration District No. 677
(b) Township — Primary Registration District No. 4403 — Registered No. 86
(c) City Rolla — (d) Street No. ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George C Reese 200
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mary Ann Reese
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 10, 1847
7. AGE: YEARS 90 — MONTHS 9 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
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): Putnam Co Ohio

FATHER
13. NAME: Joseph Reese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Mary Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): Mrs. I J Baumgardner Rolla Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Rolla Cem. DATE: 6/30 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mrs. Harry McCaw Rolla Mo.
20. FILED: June 30, 1938 Jos F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-28-, 1938, to 6-28-38, 19..
I last saw him alive on 6-28-, 1938. Death is said to have occurred on the date stated above at 5:30 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 6-28-38
8 2 W
Other contributory causes of importance: Arterio-Sclerosis — Don't know
Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

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) S L Mitchell, M. D.
(Address) Rolla 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, R. F. McCaw, or by .....

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

Signed R. F. McCaw

Licensed Embalmer No. 3953

P. O. Address Rolla, Mo.

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

If this body is not embalmed, above space should be left blank.