

REGD MAY 24 1939

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

16425
Do not use this space.

1. PLACE OF DEATH

(a) County Webster Registration District No. 896
(b) Township Frank Primary Registration District No. 6198
(c) City or _____ (d) Street No. _____ Registered No. 12
(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

Adella E. Reece
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. A. Reece
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1863
7. AGE YEARS 76 MONTHS 0 DAYS 10 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) Mo 0

FATHER 13. NAME Monroe Clifton 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm. 1

MOTHER 15. MAIDEN NAME Jane Bingham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm.

17. INFORMANT (ADDRESS) Adella Reece
Marshallfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clifton DATE 3/26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McMullen Funeral Home
Marshallfield Mo.

20. FILED April 16, 1939 Elizabeth Highline Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938 to Mar 25, 1939
I last saw her alive on Mar 25, 1939 Death is said to have occurred on the date stated above, at 11:5 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach
Onset uncertain about 4-1938

Other contributory causes of importance: H^o

Name of operation None Date of _____
What test confirmed diagnosis? Lab Was there an autopsy? Yes

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) A. E. Dodd, D.C. M.D.
(Address) Marshallfield Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 65-39-930

Date Filed MAY 11 1939

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..... *H. S. [Signature]*

Licensed Embalmer No. 1779

P. O. Address Mason [Signature]

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, above space should be left blank.