

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

32729

Do not use this space.

1. PLACE OF DEATH **DEPT OCT 10 1939**

(a) County Jackson Registration District No. 421
 (b) Township Johnson Primary Registration District No. 5575 Registered No. 72
 (c) City Jackson (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 200 BESSIE GRITA REECE

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX A 4. COLOR OR RACE N. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OR WIFE OF) Ashley Reece

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 67 5 28

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>67</u>	<u>5</u>	<u>28</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Adair Co. Mo.

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

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

17. INFORMANT (ADDRESS) Wesley Reece
1000 E. 1st St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin DATE 9-17-39

19. FUNERAL DIRECTOR (ADDRESS) Spink
1000 E. 1st St.

20. FILED Sept 15 1939 J. O. Rutledge
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939, to Sept 15, 1939
 I last saw her alive on 5:15 PM, 1939 Death is said to have occurred on the date stated above, at 5:30 m.
 The principal cause of death and related causes of importance were as follows:
Cardiac Failure

Other contributory causes of importance:
hypertension
hypertrophic cardiomyopathy
dilatation

Name of operation None Date of no
 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) Carroll Daur M. D.
 352 (Address) Peruville, 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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)

