

Registration District No. 840

Primary Registration District No. 6102

Registrar's No. 21

1. PLACE OF DEATH

(a) County Stoddard
(b) City or town Duck Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ollie Jane Reese

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

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

6. (b) Name of husband or wife John Reese 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Dec 29 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Lynnville Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name W.C. Justice

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

14. Maiden name Margaret J. Foster

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

16. (a) Informant Iva Hutson

(b) Address 416 Blase Ave. St. Louis Mo.

17. (a) Burial (b) Date thereof 6-16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hobbs Chapel

18. (e) Signature of funeral director Marshall S. Shaw

(b) Address 6 - Fisk, Mo.

19. (a) 6-20-1941 (b) Bernice Dupas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard
(c) City or town Rural 103
(If outside city or town limit write "RURAL")
(d) Street No. 2 mi. E. 1/2 mi. S. of Fisk
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1941 hour about 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from viewed the body
on June 15 1941

that I last saw him alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular

death was instantaneous

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. F. Tarpley (M. D. or other) MD

Address Fisk Date signed Jan 12 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer N

District File Number 241-9

Date Filed 7-12-44

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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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.