

S. No. 2
FORM 2-43
5-17-39
I X3959

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24225

FILED AUG 7 1943

Registration District No. _____

Primary Registration District No. 4009

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town SAVANNAH
(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 59 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAUDEL REECE

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife CHESTER LEROY REECE 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept 20 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days - If less than one day _____ hr. _____ min.

9. Birthplace Holt Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Wm Henry Patterson

13. Birthplace Andrew Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ella Jane Cobb

15. Birthplace Andrew Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. E. L. Reece

(b) Address Savannah Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 7-22-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. E. West

(b) Address Savannah Mo

19. (a) 7-22-43 (Date received local registrar) (b) J. H. Fitchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 12
1943 to July 19 1943
that I last saw her alive on July 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial
infarction of the heart
with left ventricular
hypertrophy of uterus

Duration

6 weeks

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: leucemia, uterus

Of operations _____

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. P. Kelley MD (M. D. or other) _____

Address Savannah Mo Date signed 7-21-43

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

1072

(Licensed Embalmer's Statement on Reverse Side)

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

E. C. Brect

Licensed Embalmer No.

2650

P. O. Address

Savannah Ga

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, fact should be so stated above.