

FILED

X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31875**

SEP 30 1943

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **500**

1. PLACE OF DEATH:  
 (a) County **Jasper**  
 (b) City or town **Joplin**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Johns Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 weeks**  
(Specify whether years, months or days)  
 In this community **2 Weeks**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Bates 037**  
 (c) City or town **Amoret** **0**  
(If outside city or town limits, write "RURAL") **0**  
 (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 **W. B. Reece**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**  
 6. (b) Name of husband or wife **Lucille** 6. (c) Age of husband or wife if alive **36** years  
 7. Birth date of deceased **Feb. 14 1906**  
(Month) (Day) (Year)

8. AGE: Years **37** Months **6** Days **17** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Ft. Worth Texas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **K.C.S. R.R. Employee**

11. Industry or business \_\_\_\_\_  
 12. Name **Hadley Reece**  
 13. Birthplace **Madison Co. Ark. 1**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Rosie Mathes**  
 15. Birthplace **Tex. 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucille Reece**  
 (b) Address **Amoret, Mo.**  
 17. (a) **Removal** (b) Date thereof **9/1/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Amoret, Mo.**

18. (a) Signature of funeral director **Parker Hunsaker**  
 (b) Address **Joplin, Missouri**  
 19. (a) **9-1-43** (b) **Gutierrez**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **1**  
 year **1943** hour **1** minute **15 p.m.**

21. I hereby certify that I attended the deceased from **Sept 11 1943**  
 that I last saw him alive on **Sept 11 1943**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolism**  
**Surgical treatment**  
**ruptured gastric ulcer 8/24/43**

Other conditions (Include pregnancy within 3 months of death) **11701**

Major findings of autopsy **Ruptured gastric ulcer**  
 Of autopsy \_\_\_\_\_  
 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) **No**  
 (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 plant) (Cause of injury)  
 23. Signature **[Signature]** M.D. or other \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed **9/1/43**

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

MOTHER FATHER

1204

(Licensed Embalmer's Statement on Reverse Side)

43-9-778

NOV 12 1948

NOV 9 1948

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.