

FILED FEB 7 1944

Primary Registration District No. 2007

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community _____
(years, months or days)

3. (a) PRINT FULL NAME Emma Asalee Reeser

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 W. H. Reese 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Oct. 4. 1898
(Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 19
If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Marshal McFarling

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

14. Maiden name Dora Montgomery

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

16. (a) Informant Mrs. Louise Lee

(b) Address Bernie Mo.

17. (a) Burial (b) Date thereof Jan. 25. 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowdy C. Dexter, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter, Mo.

19. (a) 1-27-44 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Broseley 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1944 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 1-15, 1944 to 1-23, 1944
that I last saw him alive on 1-25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia & toxemia

Due to Leucocytosis & toxemia
& metastatic carcinoma

Due to _____

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

Major findings: _____

Of operations: _____

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) _____

(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 J. H. Hanchman (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 244-217

Date Filed 2-13-44

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.....

B. B. Brentlinger

Licensed Embalmer No.....

4801

P. O. Address.....

Wester, 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.