

FILED MAR 14 1944

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 70

1. PLACE OF DEATH:

(a) County: Adair  
(b) City or town: Firksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Grimes Smith  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 36 day  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Sullivan  
(c) City or town: Milan  
(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: 1

3. (a) PRINT FULL NAME

John E. Reece

3. (b) If veteran, name war: No

3. (c) Social Security No.: none

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

(b) Name of husband or wife: Winnie E. Reece 6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: May 4, 1881  
(Month) (Day) (Year)

8. AGE: Years: 62 Months: 9 Days: 22 If less than one day: hr. min.

9. Birthplace: Boynnton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

12. Name: George Reece

13. Birthplace: No data  
(City, town, or county) (State or foreign country)

14. Maiden name: Lucella Wells

15. Birthplace: No data  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. John E. Reece

(b) Address: Milan Mo

17. (a) Burial: Burial (b) Date thereof: Feb 28, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oakwood Cem Milan

18. (a) Signature of funeral director: Schoener

(b) Address: Milan Mo Frank D. Schoener

19. (a) 3/6/44 (b) Mrs. J. L. Wagure  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 26  
year: 1944 hour: 10 minute: 40 A. M.

21. I hereby certify that I attended the deceased from November 15th, 1944, to Feb 26, 1944, that I last saw him alive on Feb 26, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Liver abscess  
Duration of death? ?

Due to: Peritonitis localized then generalized 1 mon (?) 3 days

Due to: Perforated marginal Gastrojejunal ulcer bleeding 1 month

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

Major findings: Generalized peritonitis

Of operations: ?

Of autopsy: 17a1

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)

Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) While at work? (f) Means of injury: ?

23. Signature: George E. Grinn (M. D. or other) MD

Address: Firksville, Missouri Date signed: 3-1-44

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

MOTHER FATHER

1049

RECEIVED

District Health Officer No. 10

District File Number 3-44-537

Date Filed MAR 8 1944

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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan 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.