

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14492
Registrar's No. 86

FILED APR 20 1944
U.S. DEPT. OF COMMERCE
Registration District No. 17

Primary Registration District No. 3016

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
121 Westmore Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 years
years, months or days

3. (a) PRINT FULL NAME Jean Elizabeth Reece
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Charles O. Reece 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Feb 28 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 1 11 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Sam Cole Wilson
13. Birthplace Louisville, Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Perl Richardson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles O. Reece
(b) Address Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April-13-1944
(Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director Pharma Richter
(b) Address Jefferson City, Missouri
19. (a) 4-10-44 (Date received local registrar) (b) Pharma Richter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 71
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 121 Estmore Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8
year 44 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 2/9/44 1944 to 4/8/44 1944
that I last saw u alive on 4/6/44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cause of heart
Duration 2/7mo

Due to _____
Due to _____

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

Major findings: Of operations 50
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:
(c) 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) (d) Means of injury _____
23. Signature David Galbreath MD (M.D. or other)
Address Jefferson City Mo Date signed 4/8/44

874 (Licensed Embalmer's Statement on Reverse Side)

APR 21 1947

AUG 31 1949

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-18-44

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

Louis Quest

Licensed Embalmer No. 4096

P. O. Address *Jefferson*

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.