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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6786

Registration District No. 23-5 Primary Registration District No. 4384 Registrar's No.

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Skidmore (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community Most all her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Skidmore (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 O

3. (a) PRINT FULL NAME Lottie Reese
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 W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 13 (Day) 1885 (Year)

8. AGE: Years 59 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Skidmore (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business

MOTHER FATHER
12. Name Lansing J. Reese
13. Birthplace Nyfanson (City, town, or county) New York (State or foreign country)
14. Maiden name Mary Elizabeth Jones
15. Birthplace Burlington (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Lansing J Reese
(b) Address Skidmore, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Graham Mo
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Maryville Mo
19. (a) 3-6-45 (Date received local registrar) (b) Mrs John Hockenbull (Registrar's signature)

1882

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4 Th year 1945 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from never attended 19...; that I last saw h... alive on ... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration 28 yrs
Due to 13 1/2
Due to
Other conditions None known (Include pregnancy within 3 months of death)

Major findings: Of operations none
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? (Specify type of place) While at work? (e) Means of injury

23. Signature L E Dean Coroner (M. D. contract) MD
Address Maryville Mo Date signed 3-4-45

(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

Marjorie Luther Campbell, Registered Apprentice No. 360,

working under my personal supervision.

Signed William Campbell

Licensed Embalmer No. 260

P. O. Address Maryville 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.