

FILED MAR 16 1945

Registration District No. 227

Primary Registration District No. 3048

Registrar's No. 39

1. PLACE OF DEATH

(a) County Madaway  
(b) City or town Marionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Francis  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Night  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT  
FULL NAME

Mrs. Elizabeth 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 James Reese

6. (c) Age of husband or wife if  
alive 57 years

7. Birth date of deceased December 10 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 2 18 hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Jacob Smith

13. Birthplace York town Ind.  
(City, town, or county) (State or foreign country)

14. Maiden name Elnora Mae Varner

15. Birthplace Monroe County Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant James Reese

(b) Address Skidmore Mo

17. (a) Burial (b) Date thereof 2-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Skidmore

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 957 South Main Marionville Mo

19. (a) March 1 45 (b) Wesley Barber  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway  
(c) City or town Skidmore  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 E. 17 1/2 E. Rural  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28  
year 45 hour 9 minute 30 a. m.

21. I hereby certify that I attended the deceased from  
2-28, 1945, to 2-28, 1945;  
that I last saw her alive on 2-28, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Streptococcus & Staphylococcus 2 days  
meningitis abscess of brain  
Due to Chills, medi 4 days

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 1945

Of autopsy: \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature W. J. Taylor (M. D. or other)  
Address Marionville Mo Date signed 2-28-45

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

FEB 6 1957

### 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 Mayon L. Campbell, Registered Apprentice No. 360,  
working under my personal supervision.

Signed William Campbell  
Licensed Embalmer No. 2620  
P. O. Address Manville 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.