

**FILED** JAN 5 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. **41511**

Registration District No. **155**

Primary Registration District No. **5580**

Registrar's No. **110**

**1. PLACE OF DEATH:**

(a) County **Jasper**  
 (b) City or town **Carl Junction**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**TWIN GROVE S TWP.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community **life**  
 years, months or days \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jasper**  
 (c) City or town **Carl Junction**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **R # 1**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME**

**Theodore Henry Rees**  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec** day **25**  
 year **1945** hour **7:30** minute **01** M.  
 21. I hereby certify that I attended the deceased from **19** \_\_\_\_\_ 19 \_\_\_\_\_  
 that I last saw him **did not attend** alive on \_\_\_\_\_ 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 (b) Name of husband or wife **Anna Lutz Rees** 6. (c) Age of husband or wife if alive **67** years  
 7. Birth date of deceased **July 31 1874**  
 (Month) (Day) (Year)

Immediate cause of death **Cotornary Occlusion**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years **71** Months **3** Days **25** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: **Cotornary Occlusion**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace **Farming** **Ill**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_  
 12. Name **George Rees**  
 13. Birthplace **Ill**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Barbara C. Rees**  
 15. Birthplace **Ill**  
 (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
**Cotornary Occlusion**

16. (a) Informant **My Anna Lutz Rees**  
 (b) Address **Carl Junction**  
 17. (a) **Burial** (b) Date thereof **Dec 27 1945**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Carl Junction Cem**

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? \_\_\_\_\_

18. (a) Signature of funeral director **W. H. City**  
 (b) Address **W. H. City**  
 19. (a) **DEC. 27; 1945** (b) **G. L. Rees**  
 (Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 Signature **A. W. Rees** (M. D. or other) **do**  
 Address **2114 Maple** Date signed **12/26/45**

**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 myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Charles M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**