

5. No. 2
4-2-43
5-17-39
1 X35897

FILED JUL 3 1946

Primary Registration District No. **3000**

Registrar's No. **178**

1. PLACE OF DEATH:

(a) County **Adair**

(b) City or town **Kirkville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **419 W. Cottonwood**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
In this community **Most of life** (Specify whether years, months or days)

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

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 **Eddie E. Reese** 6. (c) Age of husband or wife if alive **33** years

7. Birth date of deceased **Dec. 31 1907**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

38 5 18 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER

12. Name **Ruben Fickle**

13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Pearl Knowles**

15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eddie E. Reese**
(b) Address **Kirkville, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6/21/46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland Park Cmt.**

18. (a) Signature of funeral director **[Signature]**
(b) Address **Kirkville, Mo.**

19. (a) **6-20-46** (Date received local registrar) (b) **Wate Lambert** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**

(c) City or town **Kirkville**
(If outside city or town limits, write "RURAL")

(d) Street No. **419 W. Cottonwood**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19**
year **1946** hour **5:30** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide by shooting herself through the heart with a 32 Caliber Revolver**

Due to **Despondency**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **[Signature]**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **June 19, 1946**

(c) Where did injury occur? **419 W. Cottonwood Kirkville, Adair Co. Mo.**
(City, town, or county) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **home**

While at work? (Specify type of place) **3**
(2) Means of injury _____

23. Signature **Fred R. Emaly** (M. D. or other) **Emaly**
Address **Brashear, Mo.** Date signed **6/20/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18255

JUL 19 1946

RECEIVED

District Health Officer No. 10

District File Number 7-46-1245

Date Filed JUL 2 1946

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 [Signature].....

Licensed Embalmer No. 4181.....

P. O. Address [Address].....

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.