

U.S. No. 2
FORM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34357

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 409

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1107 East 9th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community lifetime in county years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Pettis

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

(d) Street No. 1107 East 9th
(If rural, give location)

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

3. (a) PRINT FULL NAME Maude Myrtle Reese

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1946 hour 8:30 minute A. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Reese

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased: June 4, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 20
October 1946, to Oct 27 1946
that I last saw her alive on Oct 26 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>4</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death: Arterio sclerosis

Due to arterio sclerosis

Due to enlarged heart

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

9. Birthplace: Pettis County, Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations: _____

Of autopsy: _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name E.E. Renno

{ 13. Birthplace Pettis County, Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Howard

{ 15. Birthplace Pettis County, Mo.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant John Reese (husband)

(b) Address 1107 East 9th, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/46
(Month) (Day) (Year)

(c) Place: burial or cremation Miller's Chapel

18. (a) Signature of funeral director Anne Young

(b) Address Sedalia, Mo.

19. (a) 10/28/46 (Date received local registrar) (b) Betty Yeager (Registrar's signature)

23. Signature J. S. Sweeney, M.D. (Specify type of place) _____ (c) Means of injury _____
While at work _____

Address Sedalia Date signed Oct 28 1946

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

35161

251

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-9-46

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 Duane Gowing

Licensed Embalmer No. 3846

P. O. Address Seabrook, N.J.

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.