

No. 2  
-12-45  
-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8667**  
Registrar's No. **147A**

FILED MAR 21 1947

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **Greene**

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

(c) Name of hospital or institution: **St. John's Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Weeks**  
(Specify whether years, months or days)

In this community **2 Weeks**

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **104**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **BESSIE CAROLINE REESE**

3. (b) If veteran, name war **None**

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Noble Reese**

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

7. Birth date of deceased **February 10, 1895**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>52</b>	<b>0</b>	<b>7</b>	hr. _____ min.

9. Birthplace **UNKNOWN MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business \_\_\_\_\_

12. Name **H. W. Fly**

13. Birthplace **UNKNOWN MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ida McNealey**

15. Birthplace **UNKNOWN MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Noble Reese**

(b) Address **Reeds Spring, Missouri**

17. (a) **BURIAL** (b) Date thereof **Feb. 23, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cape Fair, near Reeds Spgs. Mo.**

18. (a) Signature of funeral director **Fred C. Thieme**

(b) Address **Springfield, Mo.**

19. (a) **2-19-47** (b) **F. J. Handley md**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **17th**  
year **1947** hour **7:35 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Feb. 6** 19**47** to **Feb. 17** 19**47**  
that I last saw her alive on **Feb. 17** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia pneumonia**

Due to **Hydro nephrosis bilateral**

Due to **Carcinoma of uterus**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **as above**

Duration **7 days**

**1 mo**

**1 year**

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? **Mo.**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **H. D. Selby** (M. D. or other) \_\_\_\_\_

Address **Holland, Mo.** Date signed **Feb. 18 '47**

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

MOTHER FATHER

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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

*Ralph N. Thieme*

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.**