No. 2
12-45
17-39
X47070

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

32088

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 277 Primary Registration District No. 5948 Registrar's No. 37

1. PLACE OF DEATH:

(a) County Pike

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Ashley Twp. Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Melvin J. Reese

3. (b) If veteran, name war no

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

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna S. Reese

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May (Month) 27 (Day) 1908 (Year)

8. AGE: Years 39 | Months | Days | If less than one day ..... min.

9. Birthplace Pike Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Cloyd Reese
13. Birthplace Pike Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lydia Young
15. Birthplace Pike Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. M. J. Reese

(b) Address Bowling Green Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 12 (Day) 1947 (Year)

(c) Place: burial or cremation Louisville

18. (a) Signature of funeral director Grace Banfield

(b) Address Bowling Green Mo.

19. (a) 9-13-47 (Date received local registrar) (b) Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 1 ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death electrocuted by bold lightning	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) accident 82

(b) Date of occurrence Sept 9-47

(c) Where did injury occur? Rural (City or town) Pike (County) Mo (State)

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

While at work? yes (e) Means of injury electrocuted

23. Signature S. A. Youdin Coroner (M. D. or other)

Address Louisiana Mo. Date signed 9-9-47

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1947

RECEIVED
District Health Officer No. 10
District File Number 9:47:1246
Date Filed SEP 15 1947

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 Grace Bouchard

Licensed Embalmer No. 2204

P. O. Address Bowling Green Ind

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.