. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33788

Primary Registration District No. 5133

Registrar's No. 1218

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Rural Marion Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R.#2 Easton, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Not (Specify whether
In this community: 15 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.#2 Easton, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ada May Reasoner
3. (b) If veteran, name war: None
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: A. R. Reasoner
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: April (Month) 11 (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	5	28	hr. min.

9. Birthplace: Unknown (City, town, or county) Iowa. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home
FATHER
12. Name: Charles H. Thayer
13. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name: Missouri Baker
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: A.R. Reasoner
(b) Address: R.R.#2 Easton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 11, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery
18. (a) Signature of funeral director: Walter Meuchofer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) Oct. 13 1947 (Date received local registrar) (b) H. L. Jenkins (Registrar's signature) MD

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: October day: 9th
year: 1947 hour: 2 minute: 00 P.M.
21. I hereby certify that I attended the deceased from Nov - 1 - 1946 to Oct - 9 - 1947
that I last saw her alive on June - 14 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	sudden
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertension, Coronary Disease	?

Major findings:
Of operations: 0
Of autopsy: 0

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature: T. R. Douglas (M. D. or other) MD
Address: 620 Francis St. Date signed: 10-10-47
St Joseph, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.