

No. 2  
12-45  
17-39  
X47070

FILED DEC 15 1947

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 184

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

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Harrisonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ✓ 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. ✓ (Specify whether)  
In this community 69 years (years, months or days)

3. (a) PRINT FULL NAME Beta Reece  
3. (b) If veteran, name war ✓ 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 Charles B. Reece 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased March 23 1878  
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation Home Maker

11. Industry or business John R. Samuel

MOTHER FATHER { 12. Name Margaret Be Reece

13. Birthplace Ill. I  
(City, town, or county) (State or foreign country)

14. Maiden name Chas. B. Reece  
(City, town, or county) (State or foreign country)

15. Birthplace Harrisonville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Burial (b) Date thereof Dec 7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director RUNNENBURGER'S  
(b) Address HARRISONVILLE, MO.

19. Dec. 6 - 1947 (Date received local registrar) (a) Laura J. Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19  
(c) City or town Harrisonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 702 S. Independence  
(If rural, give location)  
(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4<sup>th</sup>  
year 1947 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec. 5, 1947, to Dec. 4, 1947.  
that I last saw her alive on Dec. 4, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Schizophrenia  
Duration 9 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g4B

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)

(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?

While at work? (Specify type of place) (c) Means of injury 0

23. Signature J. S. Triplett (M. D. or other)

Address Harrisonville, Mo. Date signed 12/6/47

Dr. Triplett

DEC 17 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 *Ernest R. Cunningham*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville, 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.**