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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 6 1948

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Elkins

State File No. 812

Registrar's No. 90

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: 912 Normal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 28 Years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 912 Normal 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Emma L. Reese
3. (b) If veteran, name war: No.
3. (c) Social Security No.: No
4. Sex: Famele
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Louis M. Reese
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: March (Month) 5 (Day) 1862 (Year)
8. AGE: Years 85 Months 3 Days 24 If less than one day hr. min.
9. Birthplace: Osceola (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Home
11. Industry or business:
FATHER 12. Name: Dr. Lawrence Lewis
13. Birthplace: Osceola (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Emaline Reynolds
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. O.L. Robinett
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Grove, Mo.
18. (a) Signature of funeral director: H.H. Lonmeyer
(b) Address: Springfield, Mo.
19. (a) 1-31-48 (Date received local registrar) (b) W.L. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29 year 1948 hour 4 minute a. M.
21. I hereby certify that I attended the deceased from Nov. 1945 to Jan 29 1948 and that I last saw her alive on Jan 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal Pneumonia	
Due to Arteio-Cardio Vascular disease	
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):
(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) 0
While at work? (e) Means of injury:
23. Signature: R.F. Elkins (M. D.) M.D.
Address: Med. Arts Bldg. Date signed: 1-30-48
Spfd. Mo

(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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.