S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8154

Registration District No. 64 — Primary Registration District No. 5243 — Registrar's No. 21

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rural Chariton
(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 77 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Glasgow "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mi north of Glasgow
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annie Florence Reissaus
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, or divorced Widowed
6. (b) Name of husband or wife Fred Reissaus
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb (Month) 16 (Day) 1871 (Year)

8. AGE: Years 77 Months — Days 18 If less than one day ... hr. ... min.

9. Birthplace Chariton Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name William Seibert
13. Birthplace Chariton Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Hannah Young
15. Birthplace (Shomokin?) (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant Mr. Joseph D. Vance
(b) Address Forest Green Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17 (Month) (Day) 1948 (Year)
(c) Place: burial or cremation Glasgow, Mo
18. (a) Signature of funeral director Audsley - Fremont
(b) Address Glasgow Mo.
19. (a) 3/7/48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1948 hour 4 minute 35 A.M.
21. I hereby certify that I attended the deceased from March 1 1948 to March 5 1948 that I last saw her alive on March 4 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Stenosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 92B	

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 L
23. Signature [illegible] (M. D. or other) DO.
Address Glasgow Mo. Date signed 3-6-48

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

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

RECEIVED
District Health Officer No. 8

District File Number.....

Date Filed 3-18-48

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 E. W. Fremontt

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.