. No. 2
—1/47
5-17-39

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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16872

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 25

1. PLACE OF DEATH:
(a) County Lincoln Co. Mo.
(b) City or town Troy Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ------- 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 hour
years, months or days)

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

3. (a) PRINT FULL NAME Donald J. Reller
3. (b) If veteran, name war no
3. (c) Social Security No. --------
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife ----------
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 16 (Day) 1931 (Year)

8. AGE: Years 17 Months 0 Days 16 If less than one day ---- hr. ---- min.

9. Birthplace Old Monroe Mo. (City, town, or county) (State or foreign country) O
10. Usual occupation Farmer
11. Industry or business ----------
FATHER
12. Name Wm. B. Reller
13. Birthplace Lincoln Co. Mo. (City, town, or county) (State or foreign country) O
MOTHER
14. Maiden name Kaimann
15. Birthplace Lincoln Co. Mo. (City, town, or county) (State or foreign country) O
16. (a) Informant Wm. B. Reller
(b) Address Old Monroe Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Old Monroe Mo.
18. (a) Signature of funeral director
(b) Address E.A. Keithly O'Fallon Mo.
19. (a) 5-14-1948 (Date received local registrar) (b) Emma B. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1948 hour minute M.
21. I hereby certify that I attended the deceased from
, 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 Accidental death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1700	
Of autopsy 32	

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) Accident
(b) Date of occurrence 5/2/48
(c) Where did injury occur Troy (City or town) Lincoln (County) Mo. (State) 57
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway (Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. E. Althoff (M. D. or other) D.O.
Address Coroner, Troy Date signed 5/2/48
O. M. Vrawles

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

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAY 18 1948

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.