S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 15 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 17098

Registration District No. 251 | Primary Registration District No. 4384 | Registrar's No. 135

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Skidmore
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 56 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Skidmore 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Benedick D. Reece
3. (b) If veteran, name war No.
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb. (Month) 27 (Day) 1892 (Year)

8. AGE: Years 56 | Months 3 | Days 4 | If less than one day ___ hr. ___ min.
9. Birthplace Skidmore, Mo. rural 0
(City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business "
FATHER
12. Name Charley Reece
13. Birthplace ✓ New York
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lydia Bo
15. Birthplace Burlington - Iowa
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lydia Reece
(b) Address Skidmore, Mo.
17. (a) Burial (b) Date thereof 6-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem.
18. (a) Signature of funeral director G. M. Atchison
(b) Address Maryville - Mo.
19. (a) 6-3-48 (b) Bess Holt 920
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1948 hour 2 minute A M.
21. I hereby certify that I attended the deceased from 5 — 29, 1948 to 5 — 31, 1948
that I last saw him alive on 5 — 31, 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral hemorrhage | 12 hrs. |
| Due to Trauma from fall | |
| Due to Epilepsy | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 1860 | |
| Of autopsy 18 | |

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 May 30, 1948 74
(c) Where did injury occur? At home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home
(Specify type of place)
While at work? (e) Means of injury Fall
23. Signature Arnold Walker (M. D. or other) D.O.
Address Skidmore, Mo. Date signed 6-1-48

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

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

JUN 17 1940

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 G M Atchison

Licensed Embalmer No. 2279

P. O. Address Mongoville 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.