

Registration District No. Primary Registration District No. 6131 Registrar's No.

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Teresita, Mo. (Mountain Top)
(c) Name of hospital or institution / No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. No (Specify whether)
In this community 50 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Shannon (b) County Missouri 101
(c) City or town Teresita, MO
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Elizabeth S. Keese
3. (b) If veteran, name war. No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept, day 26th
year 1948 hour 8 minute 30 a.m.
21. I hereby certify that I attended the deceased from May 1, 1948 to Sept 21, 1948
that I last saw her alive on Sept 14, 1948 and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.A. Reese
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Jan, 13th 1882 (Month) (Day) (Year)

Immediate cause of death Apoplexy
arterial tension
Due to
Duration Sudden

8. AGE: Years 66 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Anderson

13. Birthplace N.C. (City, town, or county) (State or foreign country)

14. Maiden name Margrett Lee (City, town, or county) (State or foreign country)

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

16. (a) Informant J.A. Reese

(b) Address Teresita, Mo

17. (a) Burial (b) Date thereof 9-30-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corinth Cem.

18. (a) Signature of funeral director J.F. R. W...
(b) Address Mountain View, Mo

19. (a) 10-11-48 (b) J.B. Reese (Date received local registrar) (Registrar's signature) 3012

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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?

23. Signature R.S. Davis (Specify type of place) (e) Means of injury
Address Birch Tree Mo Date signed 10/10-48

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

MOTHER FATHER

RECEIVED 10-14-48
District Health Officer No. 5,
District File Number 104867
Date Filed 10-14-48

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.....
John L. Aunean

Licensed Embalmer No. 2516.

P. O. Address *North View 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.