No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36197

FILED NOV 22 1948

Registration District No. 1248 Primary Registration District No. 2000 Registrar's No. 1004

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: St. John's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs. (Specify whether
In this community 12 hrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town VANZANT, MO-RURAL (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? (X or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Reece
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex 7
5. Color or race WHITE
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife C.A. Reece
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased April (Month) 2 (Day) 1886 (Year)

8. AGE: Years 62 Months 7 Days 14 If less than one day hr. min.

9. Birthplace ARKANSAS (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name John Buchanan
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Olive Collins
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant C.A. Reece
(b) Address VANZANT, MO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 11-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation MT ARAT
18. (a) Signature of funeral director R.W. Barber
(b) Address Mtn Grove Mo.
19. (a) 11-17-48 (Date received local registrar) (b) M.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1948 hour 8 AM minute M.
21. I hereby certify that I attended the deceased from Nov 15, 1948 to Nov 16, 1948 that I last saw her alive on Nov 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions Senility & (Include pregnancy within 3 months of death) Ch. nephritis & cystitis	
Major findings: Of operations	
Of autopsy	

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
23. Signature W.S. Lowell (M. D. or other) MD
Address Springfield Mo Date signed 11-16-48

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

Jefferson City Printing Co. (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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Grove, Ga.

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.