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FILED MAY 21 1941

STANDARD CERTIFICATE OF DEATH

15146

State File No.

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike

(c) City or town Pittsfield Illinois
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Minnie Christian Reuser

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FE Male / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis Otto Reuser

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 29, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 15 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Hartmann

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

14. Maiden name Susan Drescher

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

16. (a) Informant Louis Otto Reuser

(b) Address Pittsfield Ill.

17. (a) Burial (b) Date thereof April 15, 19
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director W. J. Fisher

(b) Address 902 Broadway Hannibal

19. (a) April 18, 1941 (b) W. J. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1941 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from 3-25, 1941, to 4-13, 1941
that I last saw her alive on 4-12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to arterio sclerosis

Due to _____

Other conditions HTA
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence no

(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? yes

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. J. Fisher (M. D. or other) _____
Address _____ Date signed _____

Duration _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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

James A. Moles

Licensed Embalmer No..... 3296.....

P. O. Address Hannibal Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.