

S. No. 2
 M-542
 5-17-39
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17251

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 14 1943
 Registration District No.

Primary Registration District No. 4004

Registrar's No. 66

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

1. PLACE OF DEATH:
 (a) County Andrew
 (b) City or town Balderson
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community Most all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrew
 (c) City or town Balderson
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME Mary Jane Reese Neely
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 17
 year 1943 hour 12 minute 30 P.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife None
 6. (c) Age of husband or wife if alive None years

21. I hereby certify that I attended the deceased from May-10-, 1943 to death, 1943; that I last saw him or alive on May-15-, 1943 and that death occurred on the date and hour stated above.

7. Birth date of deceased May 19 1856
(Month) (Day) (Year)
 8. AGE: Years 86 Months 11 Days 28
 If less than one day None hr. None min.

Immediate cause of death Cerebral Hemorrhage

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

Due to None
 Due to None
 Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation House Keeper

MOTHER FATHER
 11. Industry or business None
 12. Name William A. Reese
 13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
 14. Maiden name Obedience Hobson
 15. Birthplace Savannah Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations None
 Of autopsy None

16. (a) Informant Orbie Neely
 (b) Address Quilford Missouri
 17. (a) Burial (b) Date thereof 5-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Burial Balderson

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) None
 (b) Date of occurrence None
 (c) Where did injury occur? None
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? None

18. (a) Signature of funeral director Campbell Funeral Home
 (b) Address 957 South Main Mansfield Mo
 19. (a) 5/20/43 (b) F.H. Fritchman
(Date received local registrar) (Registrar's signature)

While at work? None (Specify type of place) (c) Means of injury None
 23. Signature W. Logan Wood (M. D. certifying)
 Address Balderson, Mo Date signed 5-20-43

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..... *William Campbell*

Licensed Embalmer No. *2620*

P. O. Address..... *Manville, 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.