

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 13 1943 274

Registration District No. 274

Primary Registration District No. 2052

Registrar's No. 296

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1816 S. BROWN
(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 FRANK SEIGEL REESER (Specify whether)

3. (a) PRINT FULL NAME INFANT SON OF FREDERICK REESER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9 15 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 2 hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name FREDERICK REESER
13. Birthplace CALIFORNIA Mo
(City, town, or county) (State or foreign country)
14. Maiden name VIRGINIA R. HUGHES
15. Birthplace ? Mo
(City, town, or county) (State or foreign country)

16. (a) Informant FREDERICK REESER
(b) Address SEDALIA Mo.

17. (a) BURIAL (b) Date thereof 9-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HIGH POINT CEMETERY

18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA Mo.

19. (a) 9/16/43 (b) Anna Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80
(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1816 S. BROWN 7
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER 15th
year 1943 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from 9-15
9:30 AM 1943, to 9-15 12:00 PM 1943,
that I last saw him alive on 9-15 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Transition Duration _____

Due to premature birth

Due to _____

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓
Of autopsy ✓

PHYSICIAN

Underline the cause to 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? _____

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

23. Signature J. J. Bishop (M. D. or other)
Address Sedalia Mo. Date signed 9/15/43

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

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed 10-12-15

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 Geo Dillman

Licensed Embalmer No. 3868

P. O. Address Madison

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.