

FILED MAY 10 1944 38

Primary Registration District No. 5521

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Preston (outside city)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Etta Maud Reser

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1944 hour 3 minute 05 A.M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Winer D. Reser

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Sept. 2 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 15 1944 to April 22 1944 that I last saw her alive on April 21 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>7</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death: Lymphoma

Duration: 2 hrs

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

10. Usual occupation Housewife

Due to Pseudoleukemia

Due to "Hodgkin's disease"

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name John T. Cagle

13. Birthplace Davis County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Laura E. Wilson

15. Birthplace Hickory Co. Mo.  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant Winer D. Reser

(b) Address Preston Mo.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof April 25 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fisher Cemetery

18. (a) Signature of funeral director Vaughan & Reser

(b) Address Urbana Mo.

(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) \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

19. (a) Apr 24 44 (b) Mary S. Cavitation  
(Date received local registrar) (Registrar's signature)

23. Signature P. A. Pelancis (M.D. or other) MD  
Address Urbana Mo. Date signed 4/23/44

1094

AUG 19 1948

RECEIVED

District Health Officer No. 7,

District File Number 4-44-620

Date Filed August 5-8-44

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

*David H. [Signature]*

Licensed Embalmer No. 3053

P. O. Address Warsaw, 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.**