S. No. 2
OM—2-43
y. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

Registration District No. 58

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 54-087

State File No. 27463

Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Carter
(b) City or town: Van Buren
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: own Home /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 7 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Carter
(c) City or town: Van Buren
(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

3. (a) PRINT FULL NAME: Mary Lue Reese
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 3 (Day) 43 (Year)
8. AGE: Years | Months: 7 | Days: 28 | If less than one day: hr. min.
9. Birthplace: St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation: 0
11. Industry or business
MOTHER FATHER
12. Name: Roy Reese
13. Birthplace: (City, town, or county) Mo (State or foreign country)
14. Maiden name: Hazel Chilton
15. Birthplace: Carter Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Hazel Reese
(b) Address: Van Buren Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7 31 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Gresham Cemetery
18. (a) Signature of funeral director: Seaton Pewitt
(b) Address: Van Buren Mo
19. (a) July 31 1944 (Date received local registrar) Mrs A J Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1944 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 10, 1944 to July 30, 1944 that I last saw her alive on July 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tubercular Enteritis	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

15

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

23. Signature: Frank J Rucinski (M. D. or other) D.O
Address: Van Buren, Mo Date signed 8-1-44

1018 (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.

was not embalmed Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.