V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34482
State File No.

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 229

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton 73

(c) City or town Neosho (If outside city or town limits, write "RURAL") 3

(d) Street No. Neosho MO R. # 5 (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME WILLIS REESE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 17th, (Day) 1874 (Year)

8. AGE: Years 70 Months 0 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant MRS. Orval Matthews
(b) Address Neosho MO R. F. D. # 5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ IOOF Cemetery, Neosho MO

18. (a) Signature of funeral director Chas. E. Williams
(b) Address Goodman Mo.

19. (a) Oct. 26 '44 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1944 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 12, 1944, to Oct 9, 1944, that I last saw him alive on October 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	4 Months
Due to Pneumonia 1943 - 1944	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

109.1

Major findings:
Of operations none
Of autopsy none

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 Melvin McCullough (M. D. or other) D.O
Address Neosho, Mo Date signed 10/10/44

1209 (Licensed Embalmer's Statement on Reverse Side)

44-11-902

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 Marielle Prickett

Licensed Embalmer No. 4166

P. O. Address Goodmans, Ohio

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.