

FILED DEC 7 1944
Registration District No. 260

Primary Registration District No. 6225

Registrar's No. 189

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

0800

1. PLACE OF DEATH:

(a) County Wagon

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

(c) Name of hospital or institution:
State Hosp. # 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 3 months
(Specify whether)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar ¹⁰⁸

(c) City or town Stockton
(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 Walter Reason

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Elizabeth Reason

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 29 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>3</u>	<u>19</u>hr.min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Calvin C Reason

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

14. Maiden name Loyle Beatty

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

16. (a) Informant Step. Baird

(b) Address Nebada Mo

17. (a) Burial (b) Date thereof Nov 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Mo

18. (a) Signature of general director Charles Neal
(b) Address Stockton Mo

19. (a) 11-18-44 (b) Atzel B. Beurel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1944 hour 8 minute 40 AM

21. I hereby certify that I attended the deceased from Aug 2, 1942 to Nov 17, 1944
that I last saw him alive on Nov 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Adenoma of Pituitary Gland.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 56e'

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? _____

(e) Signature _____ (Specify type of place) _____
While at work? (e) Means of injury 0

23. Signature Wm J. Greener (M. D. or other) _____
Address Nebada Date signed 11/17/44

1931

RECEIVED

Officer No. 7,

11-44-1222

Date Filed

12-8-44

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton, 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.