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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5001

Registration District No. 74 Primary Registration District No. 5295 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Lathrop Rural Concord twp
(If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days)

In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

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

(d) Street No. West of Lathrop
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ALMEDIA REECE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 20 (Day) 1872 (Year)

8. AGE: Years 73 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Platte Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation practical nursing

11. Industry or business

FATHER
12. Name James Reece
13. Birthplace (City, town, or county) N.C. (State or foreign country) 1

MOTHER
14. Maiden name Martha Newman
15. Birthplace Platte Co. (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant AMANDA REECE
(b) Address Lathrop, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25 (Month) (Day) (Year)
(c) Place: burial or cremation Lathrop Mo

18. (a) Signature of funeral director H. A. Sullins
(b) Address Gower Mo

19. (a) Feb 25 (Date received local registrar) (b) Jas L Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 24 day
year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 10, 1946, to Feb 24, 1946
that I last saw he alive on Feb 23 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene Left foot	30 da.
Due to Diabetes Mellitus	10 yrs
Due to Obstructive Endarteritis	30 da.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None (0)
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:
(c) 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) (e) Means of injury 0

23. Signature H. A. Sullins (M. D. or other) MD
Address Platsburg Mo. Date Feb 24-46

65 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 H A Sullins

Licensed Embalmer No. 1738

P. O. Address Gower 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.