

FILED MAY 31 1946
STANDARD CERTIFICATE OF DEATH

State File No. **17499**

Registration District No. **242**

Primary Registration District No. **4362**

Registrar's No. **9**

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Morehouse
(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 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid /2

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

(d) Street No. / (If rural, give location) 1

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Ester Lillian Treece

3. (b) If veteran, name war X

3. (c) Social Security No. /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6 year 1946 hour 8 minute 45 a.m.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Clarence A. Treece

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased: 3 (Month) 16 (Day) 1902 (Year)

21. I hereby certify that I attended the deceased from 4-25-46 1946 to 5-6-46 1946

that I last saw her alive on 5-6-46 1946 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>1</u>	<u>20</u>	<u>0</u> hr. <u>0</u> min.

Immediate cause of death: Cerebral hemorrhage

Duration: today

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

10. Usual occupation Housework

11. Industry or business /

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations: §3a

Of autopsy: _____

MOTHER FATHER

12. Name Edward Williams

13. Birthplace Morehouse Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Janey Kilgore

15. Birthplace Unknown Mo. 0
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence A. Treece

(b) Address Morehouse, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/46 (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo.

19. (a) 5728-46 (Date received local registrar) (b) Thomas Sheeter (Registrar's signature)

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? _____

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

23. Signature Am. Jones (M. D. or other) _____

Address Morehouse Mo Date signed 5-9-46

RECEIVED
District Health Office No. 2,
District File Number 546-649
Date Filed 5-30-46

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.....

..... Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed John A. Curtis

Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.