S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26710

Registration District No. 96 Primary Registration District No. 41-5-8 5347 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Buffalo Rural
(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
In this community 3 yrs 3 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas 36
(c) City or town Buffalo Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME SARAH REISE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 22 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Pomroy Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name Joseph Fleming
13. Birthplace England
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margret Gardner
15. Birthplace England
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Arch Wittle
(b) Address Buffalo Mo
17. (a) Removal (b) Date thereof 7-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo
18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo
19. (a) Aug 18, 1946 (b) Grace Peters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1946 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from 14 June, 1946, to 25 July, 1946; that I last saw her alive on 25 July, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal bronchopneumonia	4 days
Due to Hemiplegia	5 wks
Due to Cerebral hemorrhage	5 wks
Other conditions (Include pregnancy within 3 months of death)	
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 0

23. Signature O. S. Griffin (M. D. or other) MD
Address Buffalo Mo Date signed 5 Aug 46

80

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
D[illegible] Officer No. 7
District 7-46-876
Date Filed 8-23-46

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Leonard B. Jones

Licensed Embalmer No. 2588

P. O. Address Buffalo 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.