

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

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town El Dorado Spgs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Adult Convalescent Club #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 8 mo
In this community 8 mo (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNIE ELIZA REECE

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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 3 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Washington Reece
13. Birthplace Jersey
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Reece
15. Birthplace Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Riley Reece
(b) Address 3923 Elmwood K.C. Mo

17. (a) Burial (b) Date thereof 10/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Mapes Funeral Home

(b) Address El Dorado Spgs Mo

19. (a) 10/5/46 (b) J. C. Ruman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 20
(c) City or town El Dorado Spgs
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1946 hour 8 minute 2 AM.

21. I hereby certify that I attended the deceased from Sept 21, 1946 to Oct 1, 1946
that I last saw her alive on Oct 1, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia
Duration _____

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) - Means of injury 2

23. Signature J. C. Ruman (M. D. or other) DO
Address El Dorado Spgs Mo Date signed 10-2-46

RECEIVED
District Health Officer No. 7,
District File Number 10-6-2076
Date Filed 11-6-46

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 George W. Mafus
Licensed Embalmer No. 7752
P. O. Address El-Dorado 11/21 m

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.