S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 17 1947
Registration District No. 88

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5307

State File No. 41218
Registrar's No. 14

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Moreau Township
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Moreau Township 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 Louise Reusser
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 Frederick
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased June 16 (Month) 1860 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	6	23	..... hr. ..... min.

9. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name Thomas 7
13. Birthplace unk (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name unk 11
15. Birthplace unk (City, town, or county) 1 (State or foreign country)
16. (a) Informant Raymond Schlagel
(b) Address Russellville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation California Cemetery
18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City, Mo.
19. (a) Dec 19 (Date received local registrar) (b) Mrs. Maurice Hittenmeyer (Registrar's signature) 70

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1947 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec. 6, 1947 to Dec. 9, 1947
that I last saw her alive on Dec. 9, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83 A	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work? ..... (e) Means of injury .....
23. Signature Walter L Leslie (M. D. or other) .....
Address Russellville Mo Date signed 12-9-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-16-47

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 al Frenzel Jr, Registered Apprentice No. 80, working under my personal supervision.

Signed: Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.