

FILED FEB 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44534

Registration District No. 280

Primary Registration District No. 6967

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Iatan Rural Weston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Iatan
(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 _____

3. (a) PRINT FULL NAME William F. Reese

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife. XX 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased. June 3 1965
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 30 hr. min.

9. Birthplace Richman Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business farm

MOTHER FATHER
12. Name William Reese
13. Birthplace unknown north Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Jane Southard
15. Birthplace unknown North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant R. W. Hamlett
(b) Address 711 W. 18th K.C. Mo.

17. (a) Burial (b) Date thereof Dec. 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iatan Cemetery

18. (a) Signature of funeral director Vaughn Funeral Home
(b) Address Weston, Missouri

19. (a) Dec 13-47 (b) Alpha Rollins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1947 hour 5 minute 30a M.

21. I hereby certify that I attended the deceased from Nov. 30, 1947
to Dec. 1, 1947
that I last saw him alive on Dec. 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 day

Due to Arteriosclerosis

Due to Chr. Nephritis

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.

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 R. J. Pelley (M.D. or other) DO
Address Weston, Mo. Date signed 12/2/47

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-13-48

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 W. R. Saugh

Licensed Embalmer No. 4023

P. O. Address Wreston, 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.