

BUREAU OF THE CENSUS  
FILED MAR 6 1948Registration District No. 2Primary Registration District No. 2012Registrar's No. 229

## 1. PLACE OF DEATH:

(a) County Andrew  
 (b) City or town Savannah R 7 D  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Empire Lung  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 80 yr  
 years, months or days

## 3. (a) PRINT FULL NAME

THOMAS A. Reese

3. (b) If veteran,

name war No

3. (c) Social Security

No None

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Matie Reese  
 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased Dec 6 6 1867  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 2 19 hr. \_\_\_\_\_ min.9. Birthplace Savannah MO  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business For Self12. Name William A Reese13. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)14. Maiden name Opheelia A. Hays15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant Mr Thomas Reese(b) Address Savannah MO17. (a) Burial (b) Date thereof 2/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremations Savannah MO18. (a) Signature of funeral director E. M. Alchison(b) Address Maryville - Mo.19. (a) 2-27-48 (b) Lillian Spink  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
 (c) City or town Savannah Rural  
 (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 Feb. day 25 year 1948 hour 4 minute 10 M.21. I hereby certify that I attended the deceased from FEB 11  
1948 to FEB 25 1948  
that I last saw him alive on Feb 24 1948  
and that death occurred on the date and hour stated above.Immediate cause of death Acute insufficiency and Metabol. to toxic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature R. H. Kelley (M. D. or other) O  
Address Rosendale MO Date signed Feb 26 48

(Licensed Embalmer's Statement on Reverse Side)

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

7-45  
7-39  
OK47070

JUL 26 1948

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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

*G. M. Atkeson*

Licensed Embalmer No. *2279*

P. O. Address *Lawrence*

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.