FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 9755

FILED MAR 24 1948

Registration District No. 277 Primary Registration District No. 5948 Registrar's No. 20

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Ashley, Mo. (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 years, months or days) In this community: life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Pike
(c) City or town: Ashley, Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: THOMAS EDWARD REESE
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Deceased
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 23 (Day) 1869 (Year)
8. AGE: Years 78 Months 3 Days 28 If less than one day hr. min.
9. Birthplace: Franklin (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
12. Name (Father): Robert Reese
13. Birthplace (Father): Mo. (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Kittie Crouch
15. Birthplace (Mother): Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Fred Duvall
(b) Address: Troy, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 13 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Burial
18. (a) Signature of funeral director: John W Butler
(b) Address: Bowling Green, Mo.
19. (a) 3-13-48 (Date received local registrar) (b) Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11 year 1948 hour 7 30 minute 9 M.
21. I hereby certify that I attended the deceased from 1928 to 3-11 1948, that I last saw him alive on 3-1 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 hr.
Due to: Myocarditis	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 93P
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)
While at work? (e) Means of injury:

23. Signature: J. M. Mallory (M. D. or other)
Address: Bowling Green Mo. Date signed: 3-12-48

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

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

MAY 4 1948

MAR 25 1948

RECEIVED
District Health Officer No. 10
District File Number 3-41-523
MAR 22 1948
Date Filed

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 John W. Butler

Licensed Embalmer No. 4447

P. O. Address Bowling Green 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.