

S. No. 390
OM-10-47
rev. 5-17-39
I 3908

13291

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED APR 26 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 188 Primary Registration District No. 5699 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Lincolnton
(b) City or town Avalon
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 67 yrs. (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincolnton
(c) City or town Avalon
(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 Ethel Lynn Reece
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A. R. Reece 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July 1 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13 year 1948 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from June, 1947, to April 13, 1948
that I last saw h. alive on April 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus Duration 4 years
Due to _____
Due to _____
Other conditions H.P.
(Include pregnancy within 5 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 67 Months 9 Days 11 If less than one day _____ hr. _____ min.
9. Birthplace Elwood Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business _____
12. Name Thomas Chalfant
13. Birthplace Lincoln Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Martina Smith
15. Birthplace Lincoln Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant A. R. Reece
(b) Address Avalon, Mo.
17. (a) Burial (b) Date thereof 4/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Again Cemetery
18. (a) Signature of funeral director Donald L. ...
(b) Address Chillicothe Mo.
19. (a) 4-14-48 (b) Max Earl ...
(Date received local registrar) (Registrar's signature)

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 h
23. Signature M. ... (M. D. or other) _____
Address Chillicothe Mo. Date signed 4-13-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

59
0
3

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 Ronald F. Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.