

3. No. 30
M-10-47
v. 5-17-39
I 3908

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 3 1948

Registration District No. 11

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3012

State File No. 15736

Registrar's No. 70

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
204 West Excelsior St.
(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 3 Weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Monroe ⁹⁹⁹

(c) City or town Turin ¹¹
(If outside city or town limits, write "RURAL")

(d) Street No. none ⁰
(If rural, give location) ²

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME RICHARD THOMAS REESE

3. (b) If veteran, name war World War I

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th

year 1948 hour 5:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him deceased alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W.

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife single

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 22 1892
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to Coronary Occlusion

Other conditions (include pregnancy within 8 months of death) _____

Major findings: Of operations Coronary Case 746

Of autopsy _____

8. AGE: Years 55 Months 11 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Real Estate & Farming

11. Industry or business _____

MOTHER FATHER

12. Name Henry B. Reese

13. Birthplace Council Bluffs Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Susan A. Humphrey

15. Birthplace Leesener Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Calvin Reese

(b) Address Turin Iowa & Ex. Reg. Mo.

17. (a) Removal (b) Date thereof May 17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turin Iowa

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Coronary Occlusion

(b) Date of occurrence May 15th 1948

(c) Where did injury occur? Excelsior Springs Clay Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
204-W-Exc. St.
(Specify type of place)

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Excelsior Springs Mo.

19. (a) 5/17/48 (b) Caroline Hutchins
(Date received local registrar) (Registrar's signature)

While at work? (e) Means of injury 3

23. Signature P. W. Prather (M. D. or other) Coroner

Address Excelsior Springs, Mo Date signed 5-16-48

RECEIVED

District Health Officer No. 8;

District File Number _____

Date Filed 6-2-48

JUN 9 1956

JUN 19 1956

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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Eschebor Springs, 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.