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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25333

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 261

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
215 N. Franklin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1

(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME James W. Reese

3. (b) If veteran, name war No. 1

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 30 (Day) 1894 (Year)

8. AGE: Years 54 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Adair County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Dave Reese
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Edith Pickel
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Warren J. Reese
(b) Address La Grange, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mulberry Cmt.

18. (a) Signature of funeral director Dee Riley Funeral Home
(b) Address Kirksville, Missouri.

19. (a) 9-8-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1948 hour minute A: M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart attack	
Due to acute Alcoholism	
Due to	
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.

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 Foster R. Easley Coroner (M.D. or other)
Address Brashear, Mo. Date signed 9-7-48

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 - 1948

RECEIVED
District Health Officer No.
District File Number 9-48-
Date Filed SEP 13 1948

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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.