No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37300

Registration District No. 187 Primary Registration District No. 5694. Registrar's No. 154

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Rural - Chillicothe, Twp.
(If outside city or town limits, write "RURAL" and name of township)
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 54
(c) City or town Rural 0
(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 William Francis Reeter
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ethel Clark Reeter
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Sept. (Month) 4 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	2	27	— hr. — min.

9. Birthplace Livingston Co. (City, town, or county) Mo. D (State or foreign country)
10. Usual occupation Farmer
11. Industry or business —
FATHER
12. Name Phillys Reeter 4
13. Birthplace — (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Rachael Smith 1
15. Birthplace — (City, town, or county) Ill. 1 (State or foreign country)
16. (a) Informant Mrs William Reeter
(b) Address Chillicothe, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 3 (Day) 48 (Year)
(c) Place: burial or cremation Brassfield Cem.
18. (a) Signature of funeral director Donald Gordan
(b) Address Chillicothe, Mo
19. (a) Dec 12 48 (Date received local registrar) (b) Frances B Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1948 hour 11 minute 15 A. M.
21. I hereby certify that I attended the deceased from Dec 1, 1948 to Dec 1, 1948
that I last saw him alive on Dec 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	3 hrs.
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 940
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 0
23. Signature G V Carpenter (M. D. or other)
Address Chillicothe Mo Date signed 12/7/48

(Licensed Embalmer's Statement on Reverse Side)

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. Donald 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.