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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 27 1948

Registration District No. 223

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40909

Primary Registration District No. 5836

Registrar's No. 107

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

1. PLACE OF DEATH:

(a) County: NEWTON

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

(c) Name of hospital or institution: NEOSHO TWP
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: NEWTON 73

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

(d) Street No.: NEOSHO TWP
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: PEARL REASNER

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

4. Sex: FEMALE

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: October (Month) 17 (Day) 1886 (Year)

8. AGE: Years 62 Months 1 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace: UNKNOWN (City, town, or county) 4 (State or foreign country)

10. Usual occupation .....

11. Industry or business: AT HOME

FATHER
12. Name: UNKNOWN 9
13. Birthplace: UNKNOWN (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) 1 (State or foreign country)

16. (a) Informant: Wesley Thomas
(b) Address: Neosho R#4

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 12-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: HAZEL GREEN

18. (a) Signature of funeral director: Corley Thompson
(b) Address: Neosho Mo

19. (a) Dec. 18, 1948 (Date received local registrar) (b) Melvin C. Bossman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 16 year 1948 hour 9:45 minute a. M.

21. I hereby certify that I attended the deceased from Dec 1 1948 to Dec 16 1948 that I last saw her alive on Dec 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to .....

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: J. B. Deremer (M. D. or other)
Address: Seneca Mo. Date signed: 12-18-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton Co. Health

District File Number 12-48-436

Date Filed 12-22-48

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 Kenneth Patterson, Registered Apprentice No. 270, working under my personal supervision.

Signed Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.