

No. 2
4-13-40
-17-39
1-X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 27 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34122

State File No. _____

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

33
29

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

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon

(c) Name of hospital or institution: 327 N. Madison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Washington F. Reser

3. (b) If veteran, name war civil war

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Cynthia Ann Reser

6. (c) Age of husband or wife if alive 30 years (Day) (Year)

7. Birth date of deceased Nov 30 1849
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>10</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name Jacob Stephen Reser

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Eddie

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

16. (a) Informant Dr. J. M. Perry

(b) Address 327 N. Madison Lebanon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Fisher Cem. Preston Mo.

18. (a) Signature of funeral director White-Reser

(b) Address Warsaw Mo.

19. (a) Oct 11-42 (Date received local registrar) (b) Grace Reser (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hickory

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

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

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11
year 1942 hour _____ minute 10 A.M.

21. I hereby certify that I attended the deceased from 10-1, 1942, to 10-11, 1942
that I last saw him alive on 10-11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Duration 6 mo.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) gastric

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. G. Hamilton (M. D. or other)

Address Lebanon, Mo. Date signed 10-11-42

1010 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

of Public Health Dept.
District Health Officer No. _____

District File Number *10-42-153*

Date Filed *10-26-52*

NOV 17 1952
DEC 1 1945
OCT 27 1952

AUG 9 1945

OCT 8 1952

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 *Armed H. Turpin*

Licensed Embalmer No. *3053*

P. O. Address *Warsaw, 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.