

Hickory County

Reser, Washington F (30 Nov

1849 - 11 Oct 1942)

Co I, 14th Mo Cavalry Private.

Washington F. Reser's father was the son of Jacob S. and Ann (Edde) Reser. Washington was a pharmacist. He married Cynthia Morgan and had twelve children, eight lived to be adults. Four of his sons became doctors or dentists.

When he was 14 years old, he lied about his age and joined the Union Army and fought in the Civil War. He lived to be over 90 years old.

Buried Fisker Cemetery, Preston, MO

660

14 Reg't Cav. Vols.

Reser, Washington F Age.....
Rank..... Pvt. Co. I
Captain..... Cross.

Enlisted April 10, 1865
Where Hermitage Mo.

Mustered in April 24, 1865
Where Op'ld Mo.

Remarks.....
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Mustered out Nov. 17, 1865
Where Ft. Seaverworth Kans.

Form No. 242. A. G. O., Mo., 11-3-11-18M

FILED OCT 27 1942

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

33
1
2
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 outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 weeks years, months or days

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.

3. (a) PRINT FULL NAME Washington F. Reser
3. (b) If veteran, name war civil war
3. (c) Social Security No. _____

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

4. Sex male 5. Color or Grace white
6. (a) Single, widowed, married, 2 divorced, widowed
(b) Name of husband or wife Cynthia Ann Reser
6. (c) Age of husband or wife if 30 years
7. Birth date of deceased Nov. 30 1849
(Month) (Day) (Year)

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.

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

Immediate cause of death cerebral hemorrhage
Duration 6 mo.

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

Other conditions (Include pregnancy within 3 months of death)
Due to _____
Due to _____
Other conditions _____

10. Usual occupation Farmer

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business
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. R. M. Penning
(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-Lem. Preston Mo.

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 _____

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)

23. Signature H. G. Hamilton (M. D. or other)
Address Lebanon, Mo. Date signed 10-11-42