REC'D JUN 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19656
Do not use this space.

1. PLACE OF DEATH
(a) County St Francois — Registration District No. 779
(b) Township Randolph — Primary Registration District No. 6024a — Registered No.
(c) City Desloge — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 120 Lowry McKendree Reaves
(a) Residence, No. Desloge Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Iva Malinda

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 22nd. 1883

7. AGE: YEARS 55 — MONTHS 4 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Dentist
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): April 10th 1939
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Douglas, Ill.

FATHER
13. NAME: John Larkin Reaves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Rebecca Lowry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Iva Malinda Reaves, Desloge, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkview DATE 5-14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): C. L. Boyer, Desloge, Missouri

20. FILED 6-10 1939 W. D. Duckworth, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1937, to 5-10, 1939
I last saw him alive on 5-10, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary artery sclerosis — Date of onset 1937
Angina pectoris

Other contributory causes of importance:
hypertension
Chronic nephritis

Name of operation: none — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Harold C Goebe M. D.
700 (Address) Desloge Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 C. J. Boyer

Licensed Embalmer No.....

P. O. Address Alexloge, Ohio

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

If this body is not embalmed, above space should be left blank.