

REC'D SEP 12 1939

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

29184
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
(b) Township SPRINGFIELD Primary Registration District No. 2001
(c) City SPRINGFIELD (d) Street No. Burns Hospital Registered No. 670
(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 1 yrs. 5 mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

1211 Charles Wesley Reeves
(a) Residence, No. 2134 N. Oakland St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
✓ 1 5 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. L
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) _____ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri

FATHER 13. NAME Price V. Reeves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cliffins Mo.

MOTHER 15. MAIDEN NAME Kee Kerr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Matt Newburg Ark.

17. INFORMANT (ADDRESS) Price V. Reeves 2134 Oakland

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Aug. 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thieme Springfield, Mo.

20. FILED Aug 30, 1939 Chas A George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1939
22. I HEREBY CERTIFY, That I attended deceased from 8/23 to 8/29, 1939
I last saw him alive on 8/28, 1939 Death is said to have occurred on the date stated above, at 2:25 AM.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Date of onset 8/23/39
108
Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? Yes

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) Chas A George M. D.
(Address) Springfield Mo.

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.....

Ralph Chieme

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ralph Chieme

Licensed Embalmer No.....

3681

P. O. Address.....

Sp. Mo.

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

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

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