

FILED FEB 19 1940

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

2682  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper - 1  
(b) Township Galena # 1  
(c) City Joplin, Mo  
(d) Street No. 2203 Conover Ave. St. John's Hosp  
(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.

Registration District No. 411Primary Registration District No. 2002

Registered No.

## 2. PRINT FULL NAME

(a) Residence, No. 612 West 16th Street St.  Joplin Mo.  
(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<br><u>M.</u>  | 4. COLOR OR RACE<br><u>W.</u>                                      | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Married</u>       |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Jessy Reuter</u>                        |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>May 9, 1874</u>  |  |  |
| 7. AGE YEARS<br><u>65</u>  | MONTHS<br><u>7</u>   | DAYS<br><u>25</u>  |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.<br><u>Booker</u>        |  | 11. Total time (years) spent in this occupation<br><u>45 yrs</u> |
| 9. Industry or business in which work was done, as saw mill, bank, etc.<br><u>News Editor</u>              |  |  |
| 10. Date deceased last worked at this occupation (month and year)<br><u>12 month</u>                       |  |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Lead Grove, Mo</u>                                  |  |  |
| FATHER   | 13. NAME<br><u>Herman H Reuter</u>                                 |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Germany</u> |  |
| MOTHER   | 15. MAIDEN NAME<br><u>Miss Sarah J McMillen</u>                    |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Mo</u>      |  |
| 17. INFORMANT (ADDRESS)<br><u>Agla A Baldwin Es</u><br><u>Naxier Springs</u>                               |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Naxier Springs, Mo</u> DATE <u>1/7/40</u>                    |  |  |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS)<br><u>Harvey's Undertakers</u><br><u>Box 127 Naxier Springs, Kan</u> |  |  |
| 20. FILED <u>1-6</u> 19 <u>40</u><br><u>Ed James</u><br>Local Registrar.                                   |  |  |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 194022. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1938 to Jan 5, 1940I last saw him alive on January 5, 1940 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung, left  
Date of onset 4/1

Other contributory causes of importance:

Bronchial pneumoniaName of operation Rib resection Date of Oct 3What test confirmed diagnosis? specimen Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury 1, 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?

If so, specify no(Signed) [Signature] M. D.(Address) Joplin Mo.616 Times Bldg

(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.

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RECEIVED

District Health Officer No. 6,

District File Number 240-541

Date Filed FEB 15 1940

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**