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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FEB 14 1941

State File No. 2353

Registration District No. ..... Primary Registration District No. 5307 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cooper Clarks Fork Twp.

(b) City or town ~~Bunceton~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Clark Fork Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper 27

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

(d) Street No. BUNCETON RUAL
(If rural, give location)

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

3. (a) PRINT FULL NAME Walter Weight Reavis

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive x years

7. Birth date of deceased Aug (Month) 1 (Day) 1867 (Year)

8. AGE: Years 73 Months 5 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Cooper Co (City, town, or county) MO (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Henry J Reavis
13. Birthplace Cooper Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lucy A. Gentry
15. Birthplace Mo (City, town, or county) O (State or foreign country)

16. (a) Informant Mrs. E. F. Reavis
(b) Address Bunceton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation Reaves Cemetary

18. (a) Signature of funeral director C. G. Parker
(b) Address Bunceton Mo

19. (a) 1-9-41 (Date received local registrar) (b) D. E. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th year 1941 hour 12 N minute 10 M.

21. I hereby certify that I attended the deceased from Jan 1st, 1941, to Jan 6th, 1941 that I last saw him alive on Jan 6th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis of left side

Due to Hemorrhage or brain

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration

PHYSICIAN
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Elliott (M. D. or other)

Address Bunceton Mo Date signed Jan 7th 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-6-41

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 My Self, Registered Apprentice No. ..... working under my personal supervision.

Signed L G Parker

Licensed Embalmer No. 25.47

P. O. Address Buncetan Mo

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

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