

Registration District No. 1034

Primary Registration District No. 5547

1. PLACE OF DEATH:

(a) County. Iron  
(b) City or town. Rural; Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
South East of Arcadia  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. two months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron  
(c) City or town Rural  
(If outside city or town limit, write "RURAL")  
(d) Street No. South East of Arcadia  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James Andrew Reves

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 married

6. (b) Name of husband or wife. Carrie Reves 6. (c) Age of husband or wife if alive 55 appears

7. Birth date of deceased July 14, 1878  
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 15 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Arcadia Mo. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation janitor

11. Industry or business

MOTHER FATHER  
12. Name George Reves  
13. Birthplace Butler Co. Mo. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Emily Campbell  
15. Birthplace Iron Co. Mo. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Wren  
(b) Address Arcadia Mo.

17. (a) burial (b) Date thereof 1/31/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & son

(b) Address 1st. W. Ironton Mo.

19. (a) Feb 2, 1941 (b) Miss Julia Celyait  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29  
year 1941 hour 12 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Jan. 27, 1941, to Jan. 29, 1941  
that I last saw him alive on Jan. 27, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 1yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

834 (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature I. G. O. Anson (M. D. or other) \_\_\_\_\_

Address Ironton, Mo Date signed 2/1/41

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

MAR 19 1948

MAR 19 1948

**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 Arnold White

Licensed Embalmer No. 3012

P. O. Address San Antonio Tex

**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.**