

S. No. 2  
1-1-4-41  
5-17-39  
PI X28330

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 20 1942  
Registration District No. 400

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42086  
State File No. \_\_\_\_\_  
Registrar's No. 189

Primary Registration District No. 555313

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Lee's Summit  
(c) Name of hospital or institution  
612 Miller  
(d) Length of stay: In hospital or institution 11 years  
In this community 11 years

3. (a) PRINT FULL NAME James Lyman Reeves  
3. (b) If veteran name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex M  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mrs. Cora Reeves  
6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased 9-24-1865

8. AGE: Years 76 Months 2 Days 25 hr. min.

9. Birthplace Greenville Illinois  
10. Usual occupation Retired

11. Industry or business Express Agent  
12. Name James Reeves  
13. Birthplace Greenville Ill.  
14. Maiden name Sarah Mills  
15. Birthplace Greenville Ill.

16. (a) Informant Clyde Bagby  
(b) Address Liberty, Mo.  
17. (a) Burial (b) Date thereof 12-21-41  
(c) Place: burial or cremation Lee's Summit Cemetery

18. (a) Signature of funeral director Fields Funeral Home  
(b) Address Lee's Summit Mo  
19. (a) 12-21-41 (b) S. G. Corne

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Lee's Summit  
(d) Street No. 612 Miller  
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 19th year 1941 hour one minute 05 A.M.  
21. I hereby certify that I attended the deceased from Nov. 29 1941 to Dec. 19 1941  
that I last saw him alive on Dec. 19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza Pneumonia  
Due to Chronic Nephritis and Uremic Toxemia  
Due to Benign Prostatic Hypertrophy  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 338  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
23. Signature Chas. L. Miller (M.D.)  
Address Lee's Summit Mo Date signed 12/21/41

Duration  
3 Weeks  
2 1/2 months  
4 years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

922 (Licensed Embalmer's Statement on Reverse Side)

FEB 10 1942

**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 *P. C. Fields*  
Licensed Embalmer No. *2957*  
P. O. Address *Luc's Summit Mo*

**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, fact should be so stated above.**