

FILED SEP 15 1942

Registration District No. 1421

Primary Registration District No. 3025

Registrar's No. 83

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christa Hogan  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town RURAL Thomasville 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HAROLD WILBURN REEVES

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 9, 1924  
(Month) (Day) (Year)

8. AGE: -	Years	Months	Days	If less than one day
	<u>18</u>	<u>0</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Thomasville, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Ben Reeves

13. Birthplace Annapolis, Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Floyd

15. Birthplace Thomasville, Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Reeves

(b) Address Thomasville, Mo.

17. (a) Burial: Woodside Cemetery (b) Date thereof Aug 17, 1942  
(City or town) (Month) (Day) (Year)

(c) Place: burial or cremation Thomasville, Mo.

18. (a) Signature of funeral director None

(b) Address \_\_\_\_\_

19. (a) 8-19-42 (b) [Signature]  
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16  
year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 13 1942 to August 16 1942;  
that I last saw him alive on August 16 1942;  
and that death occurred on August 16 1942;  
Immediate cause of death General Peritonitis Duration \_\_\_\_\_

Due to Rectus abdominis

Due to Appendicitis 12:11

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

Major findings: General Peritonitis  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? No

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

23. Signature [Signature] (M. D. or other)  
Address West Plains, Mo. Date signed 8/17/42

1125

RECEIVED

District Health Officer No. 5,

District File Number 942882

Date Filed 9-14-42

*General Embalmers  
District Health Officer  
Approved*

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 Hal Homburg

Licensed Embalmer No. 3400

P. O. Address West Plains, 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.