. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41167

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 165

1. PLACE OF DEATH:

55 (a) County Lawrence

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

(c) Name of hospital or institution:
Aurora Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town ~~Aurora~~ Marionville 2
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lee Andrew Reaves

3. (b) If veteran, name war World War # 1

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sara A. Reaves

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Jan. 12 (Month) 1889 (Day) (Year)

8. AGE: Years 53 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Jackson, Miss. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Real Estate Broker

11. Industry or business

FATHER
12. Name Pleasant Andrew Reaves
13. Birthplace Jackson, Miss. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Letricia Phew
15. Birthplace Jackson, Miss. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Sara A. Reaves
(b) Address Marionville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10,42 (Month) (Day) (Year)
(c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director J.B. Bradford
(b) Address Marionville, Mo.

19. (a) Dec. 9, 1942 (Date received local registrar) (b) Eunice Greene by (Registrar's signature) A. McJ

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8th
year 1942 hour 5 P.M. minute M.

21. I hereby certify that I attended the deceased from Nov 28th, 1942, to Dec 8, 1942
that I last saw him alive on Dec 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumothorax

Due to Trauma

Due to automobile wreck.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

170 C 22

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) accident 073
(b) Date of occurrence Nov. 26, 1942
(c) Where did injury occur? Newton Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 71 (Specify type of place)
While at work? No (e) Means of injury Wreck

23. Signature R. L. Laney (M. D. or ~~other~~)
Address Marionville Date signed 12/9/42

1156 (Licensed Embalmer's Statement on Reverse Side)

FEB 5 1943

RECEIVED
District Health Officer No. 6,
District File Number 143-3
Date Filed JAN 4 1943

APR 5 1943

JAN 20 1945

JAN 6 1943

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 [signature]

Licensed Embalmer No. 2806

P. O. Address marionville

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.