

FILED JAN 11 1943

Registration District No. 266

Primary Registration District No. 3042

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Fredericktown, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all his life years, months or days

3. (a) PRINT FULL NAME William E. Reeves

3. (b) If veteran, name war  3. (c) Social Security No. 702-16-0160

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

6. (b) Name of husband or wife Sarah Reeves 6. (c) Age of husband or wife if alive, years (Day) 17-18 1/2

7. Birth date of deceased Nov. 17-18 1/2 (Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 26 If less than one day hr. min.

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

10. Usual occupation Retired Railroad Employee

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

MOTHER FATHER

12. Name Herod Reeves

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Sallie Henderson

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Betha Mudge

(b) Address 506 W Main Flat River Mo

17. (a) Burial (b) Date thereof Dec. 15-1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian Cemetery

18. (a) Signature of funeral director E. H. Ketcher

(b) Address Fredericktown Mo

19. (a) Dec 15-1942 (b) E. C. Stoughton (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison  
(c) City or town Fredericktown, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 217 Morley (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1942 hour 5:50 minute A. M.

21. I hereby certify that I attended the deceased from Dec 11 to Dec 13 1942 that I last saw him alive on Dec 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration 48 hrs

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

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

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

Of autopsy 12/12

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?

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

23. Signature W. Harry Barron (M. D. certifies) Address Fredericktown Mo Date signed Dec 4 42

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

62  
1  
1

62

12

12

12

12

PHYSICIAN

Underline the cause to which death should be charged statistically.

4-43

RECEIVED

District Health Officer No. 4  
District File Number 143-162  
Date Filed 1-8-43

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,  by \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John Helt  
Licensed Embalmer No. 4264  
P. O. Address Frederic Brown, Md.

**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.