S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10575

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 136

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. Flagman's Shelter
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Columbus Kns 12 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Cherokee
(c) City or town Rt 2 Columbus
(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 Roll Reavis

3. (b) If veteran, name war .....

3. (c) Social Security No 702-03-7371

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Lovana

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

7. Birth date of deceased 11 (Month) 28 (Day) 1879 (Year)

8. AGE: Years 63 Months 3 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Bedford (City, town, or county) Tenn (State or foreign country)

10. Usual occupation flagman

11. Industry or business Frisco R.R. 10th & Byers

FATHER
12. Name S. N. Reavis
13. Birthplace no record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Algie Smith
15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Roll Reavis
(b) Address Rt 2 Columbus Kns

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Commerce Okla

18. (a) Signature of funeral director Thornhill Dillon
(b) Address 4th & Joad Dr

19. (a) 3-6-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 5 year 1943 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him alive on Did not see him alive, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart failure

Due to .....

Due to 94a

Other conditions Pums to feet and legs
(Include pregnancy within 3 months of death) from exposure to hot

Major findings: Of operation stove while setting in Flag man's shelter

Of autopsy .....

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
(b) Date of occurrence Mch 5, 43
(c) Where did injury occur? Joplin (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in Flag man's shelter (Specify type of place)
While at work? yes (e) Means of injury fire in stove

23. Signature R. W. Webster Coroner (M. D. or other)
Address Carthage Mo Date Mch 6 43

(Licensed Embalmer's Statement on Reverse Side)

43-3-259

APR 30 1943

JUN 18 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 Cecilia Shomkeie

Licensed Embalmer No. 3590

P. O. Address Joplin 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.