

LED APR 8 1943
Registration District No. 186

Primary Registration District No. 5693

Registrar's No. 2 c

59
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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town R. F. D. Blue mound Turn
(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 _____ years, months or days 1 mo 17 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 59

(c) City or town _____ (If outside city or town limits, write "RURAL.")

(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 Raleigh Richard Reeves

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 8 minute 0 a. m.

21. I hereby certify that I attended the deceased from Mar 13 - 1943
_____ 19____ to Mar 15 1943;
that I last saw him alive on Mar 13 1943
and that death occurred on the date and hour stated above.

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: Jan 28 1943
(Month) (Day) (Year)

Immediate cause of death: Acute Gastritis

Duration 3 Days

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

0 1 17 _____ hr. _____ min.

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

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER

12. Name: Raleigh Reeves

13. Birthplace: Livingston Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Doris Ellen Johnson

15. Birthplace: Tina Mo
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations: _____

Of autopsy: _____

16. (a) Informant: Raleigh Reeves

(b) Address: R. F. D. Chillicothe Mo

17. (a) Burial (b) Date thereof: 1-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Aradon Cem.

18. (a) Signature of funeral director: F. B. Norman Co

(b) Address: Chillicothe Mo

19. (a) 3-17-43 (b) Mary E Griffiths
(Date received local registrar) (Registrar's signature)

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: J. P. Collier (M. D. or other)

Address: Chillicothe Mo Date signed: 3/15/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 ER Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.