

S. No. 2
 DM-2-43
 5-17-39
 I X35697

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

DEPARTMENT OF COMMERCE
 ED MAY 18 1943

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 18066
 Registrar's No. 126

Registration District No. 146 Primary Registration District No. 5568

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Rural Blue Mills
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Blue Mills Road
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Blue Mills Road
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edna Reeves
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Marion B. Reeves 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased November 7 - 1909
(Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Eli Cross

13. Birthplace Union county 9
(City, town or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Union 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora George

(b) Address 406 W. Walls - Insp. No.

17. (a) Burial (b) Date thereof 4-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buchner, Mo

18. (a) Signature of funeral director James Cross
 (b) Address Insp. No.

19. (a) 4-29-1943 (b) James Cross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4 day 26
 year 1943 hour 4:45 minute 0 A. M.
 21. I hereby certify that I attended the deceased from _____ 19____;
Cosmen
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death 2nd, 3rd & 4th degree burns of entire body
 Due to Explosion of coal stove
(Pouch burner)
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy Inspection
 Duration _____
 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 148
 (b) Date of occurrence 4/26/43
 (c) Where did injury occur? Jackson Co. Missouri
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
(Specify type of place)
 While at work _____ Means of injury Explosion of coal stove
 23. Signature [Signature] (M. D. or other) _____
 Address R.C. No. Date signed 4/27/43

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, or by me

Registered Apprentice No. 3604

working under my personal supervision.

Signed Roland A. [Signature]

Licensed Embalmer No. [Signature]

P. O. Address Indep. 2100

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.