S. No. 2
DM—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1944

Registration District No. 17

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41486

Primary Registration District No. 7016

Registrar's No. 43

1. PLACE OF DEATH:
(a) County: Atchison
(b) City or town: Tarkio
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 6 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Nebraska (b) County: Douglas
(c) City or town: Omaha
(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: RONDOL JOHN REEVES
3. (b) If veteran, name war: .....
3. (c) Social Security No. 480-09-2458

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: wid
6. (b) Name of husband or wife: Helen Reeves
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Aug 17-1888 (Month) (Day) (Year)

8. AGE: Years 55 | Months 4 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace: Mount Aire (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Day labor
11. Industry or business: .....
FATHER
12. Name: John Reeves
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: " (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Martin Hogue
(b) Address: Tarkio, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Tarkio Home Cemetery
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Tarkio, Mo.
19. (a) Jan 12 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1943 hour 5 minute 5 p M.
21. I hereby certify that I attended the deceased from Dec 2 1943 to Dec 25 1943 that I last saw him alive on Dec 24 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Influenza	10 days
Due to	
Due to	
Other conditions: Cathrsis (Include pregnancy within 3 months of death)	
Major findings: Of operations: for years, some years	
Of autopsy:	

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury: .....

23. Signature: J. M. Davis M.D. (M. D. or other)
Address: Tarkio Mo. Date signed 12-27-43

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.