

FILED MAR 20 1948

Primary Registration District No. 1003

Registrar's No. 2288

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Frises Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 to 3 1/2 days  
(Specify whether years, months or days)

In this community 3 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas

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

(d) Street No. N.R.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Buford Horace Reeves

3. (b) If veteran, name war None

3. (c) Social Security No. 487-09-2197

4. Sex m 5. Color or race W

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

6. (b) Name of husband or wife Imogene

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased: June (Month) 7 (Day) 1908 (Year)

8. AGE: Years 35 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation Trucker

11. Industry or business Railroad (Frises)

12. Name Ralph Reeves

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

14. Maiden name Phoebe Yocum

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

16. (a) Informant Imogene Reeves

(b) Address Cabool, Missouri

17. (a) Burial (b) Date thereof 3-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain Grove, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 8 (b) J. F. Bralich  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7 year 1944 hour 9 minute 58 M.

21. I hereby certify that I attended the deceased from 2/27 to 3/17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis Duration 9 months

Due to nephrosclerosis

Due to 12/1

Other conditions Rheumatic Heart Disease  
(Include pregnancy within 3 months of death)

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury 0

23. Signature Anthony P. Casarelli, M.D. (M. D. or other)  
Address 176 S. 11th St. Cabool, Mo. Date signed 3/17/44

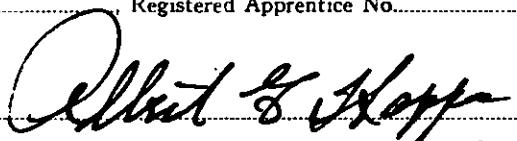
---

---

**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..... 2971.....

P. O. Address.....

**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.**