S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Kirk Bldg 21149

State File No.

FILED JUL 14 1944

Registration District No. 1942 Primary Registration District No. 1000 Registrar's No. 713

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 903 No. 12th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1212 Henry St. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Reeves
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 95 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Unknown
11. Industry or business Unknown
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Social Welfare Board
(b) Address 10th & Olive Sts., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/44 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem.
18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City
19. (a) 7/6/44 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1944 hour 10 minute 00 A.M.
21. I hereby certify that I attended the deceased from July 2, 1944, to July 3, 1944
that I last saw him alive on July 3, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral haemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

83a

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) no
(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 Collis Rumsey 0 (M. D. or other)
Address Kirk Gabriel Bldg Date signed 7/5/44

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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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.