

FILED SEP 14 1944

Registration District No. 137

Primary Registration District No. 3028

State File No.

Registrar's No. 182

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
819 Poplar St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 819 Poplar St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME ESTELLIA MAY REEVES

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Winifred Reeves 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February 22, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	5	20	hr. min.

9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Abe Pyles

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

14. Maiden name Bettie Hutton

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

16. (a) Informant Winifred Reeves

(b) Address 819 Poplar, Carthage, Mo.

17. (a) Burial (b) Date thereof 8-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) Aug. 12 '44 (b) E. Elizabeth Coyle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11,
year 1944 hour 1.15 minute A. M.

21. I hereby certify that I attended the deceased from July 23
1944 to Aug. 11, 1944
that I last saw her alive on 8-9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death uremia about 10 days
Duration

Due to chr nephritis years
Hypertension years

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....
131 R

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) (e) Means of injury

23. Signature H. E. Boyd, M.D. (M. D. or other)

Address Carthage Date signed 8-11-44

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

1203

44-8-699

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..... *Ed Hellmer*.....
Licensed Embalmer No... *2222*.....
P. O. Address... *Carthage*.....

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.