

1. PLACE OF DEATH:

(a) County Cass.

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

(c) Name of hospital or institution:  
Not in hospital. At home of sister.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does not apply.  
(Specify whether years, months or days)

In this community 75 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass.

(c) City or town Drexel.  
(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 MARY ELLEN REEVES.

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed.

6. (b) Name of husband or wife J. F. Reeves. 6. (c) Age of husband or wife if alive dc sd. years

7. Birth date of deceased Feb. 26, 1865.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 10 4 hr. min.

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

10. Usual occupation At Home.

11. Industry or business Household duties.

12. Name Ed Dawson.

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

14. Maiden name Martha E. Wall.

15. Birthplace No. Carolina.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Clark.

(b) Address Drexel, Mo.

17. (a) Burial. (b) Date thereof 12/31/44.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisburg Kansas.

18. (a) Signature of funeral director [Signature]

(b) Address Drexel, Missouri.

19. (a) 12/31/44. (b) Margaret Tolle.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30  
year 1944 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1944 to Dec 30, 1944  
that I last saw her alive on Dec 29, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 4 mo

Due to Myocardial Degeneration

Due to \_\_\_\_\_

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: 93h  
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) (c) Means of injury

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Drexel Mo Date signed 12/31/44

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

MOTHER FATHER

**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 personally  
....., Registered Apprentice No. ....  
~~working under my personal supervision.~~

Signed

*[Handwritten Signature]*

Licensed Embalmer No. 1950

P. O. Address Drexel 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.**