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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6031

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Malden 35
(If outside city or town limits, write "RURAL")
(d) Street No. 604 E. Main 8
(If rural, give location)
(e) Citizen of foreign country? no 1 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rebecca Elizabeth Reeves
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Jess Reeves
6. (c) Age of husband or wife if alive ~~[illegible]~~ years
7. Birth date of deceased May (Month) 16th (Day) 1890 (Year)

8. AGE: Years 54 Months 9 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace Scott Co. Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business ✓
FATHER
12. Name Richard Cato 9
13. Birthplace unknown (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Malinda Baily 1
15. Birthplace unknown (City, town, or county) 1 (State or foreign country)
16. (a) Informant Walter Day
(b) Address Malden Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Malden
18. (a) Signature of funeral director Lloyd Russell
(b) Address Piggott Ark.
19. (a) 2-27-45 (Date received local registrar) (b) T D Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1945 hour 11 55 minute P M.
21. I hereby certify that I attended the deceased from January 25, 1945, to Feb. 24, 1945 that I last saw her alive on Feb. 24, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus over	4 yrs
Grief — ~~Due to~~ Angina Pectoris	35 min.
Due to	
Other conditions (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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Homer Beall MD (M. D. or other)
Address Malden Mo Date signed 2/26/45

1288

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 345-423
Date Filed 3/8/45

AUG 30 1945

MAR 20 1945

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 Was Embalmed in Arkansas, Registered Apprentice No., working under my personal supervision. by Lloyd Russell License # 509

Signed Lloyd Russell

Licensed Embalmer No. 509

P. O. Address Pigott Ark

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.