S. No. 2
M--2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33972

FILED 1947 3 [illegible]

Registration District No. 1947

Primary Registration District No. 3028

Registrar's No. 181

1. PLACE OF DEATH:
(a) County JASPER COUNTY
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Rural - Mt. Pleasant Twn.
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARVIN LOVELL REEVES
3. (b) If veteran, name war None
3. (c) Social Security No. 497-14-8174
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret M. Stotts
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased September 10, 1903 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	0	29	hr. min.

9. Birthplace Salem, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Mechanic
11. Industry or business
FATHER 12. Name James Reeves
FATHER 13. Birthplace X (City, town, or county) Ky. (State or foreign country)
MOTHER 14. Maiden name Mary Duese
MOTHER 15. Birthplace X (City, town, or county) Ky. (State or foreign country)
16. (a) Informant Mrs. M. L. Reeves
(b) Address Route #2, Sarcoxie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Moore Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri
19. (a) 10 Mar 45 (Date received local registrar) (b) L B Clinton, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9, year 1945 hour 9:25 minute A. M.
21. I hereby certify that I attended the deceased from Sept. 29, 1945 to Oct. 9, 1945 that I last saw him alive on October 9, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Perforated Gastric Ulcer — Duration
Due to: Chronic Ulcerated Stomach
Due to:
Other conditions (Include pregnancy within 3 months of death): ✓
Major findings:
Of operations: 11:70
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 H. B. Park (M. D. or other) M.D.
Address Carthage, Mo. Date signed 10/10/45

1458

(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 Ed Willemer

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.