

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5197
Registrar's No. 5

Registration District No. 118 Primary Registration District No. 4188

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

1. PLACE OF DEATH:
(a) County Losonade
(b) City or town Owensville
(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 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Losonade ³⁷
(c) City or town Owensville ²
(If outside city or town limits, write "RURAL") ⁰
(d) Street No. _____ (If rural, give location) ⁰
(e) Citizen of foreign country? No. (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME JAMES WILLIAM REEVES
(b) If veteran, name war V
(c) Social Security No. 497-10-7047

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 6
year 1946 hour 4 minute 45 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Belle Irene Glendon Reeves
(c) Age of husband or wife if alive 57 years
7. Birth date of deceased December 29 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 27, 1946 to Feb 6 1946
that I last saw him alive on Feb 6 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 1 7 - hr. - min.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to _____

9. Birthplace Red Bird Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Railroad & Shoe Worker

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations B30
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name William Reeves
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hurst
15. Birthplace Hermann Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Raymond Reeves
(b) Address Owensville, Mo.
17. (a) Burial (b) Date thereof 2 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Owensville City, Mo.

(Specify type of place)
While at work? _____ (e) Means of Injury 2
23. Signature H. H. Bradley (M.D. or other) MD
Address Owensville Mo Date signed 2-9-46

18. (a) Signature of funeral director Walter H. Winters
(b) Address Owensville Mo
19. (a) 3-9-46 (b) Dorothy Hackman
(Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-12-46

MAR 19 1946

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 Me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Welford V.H. Kim
Licensed Embalmer No. 3838
P. O. Address Owensville 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.