S. No. 2
M—5-43
r. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1946

State File No. 19815

Registration District No. 72 Primary Registration District No. 5292 Registrar's No. 95

1. PLACE OF DEATH:
(a) County Clay
(b) City or town RURAL Platte Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1/4 mile South of Smithville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)
In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1/4 mile South of Smithville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME SAMUEL REEVES
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOWED
6. (b) Name of husband or wife LAUENA Sutton
6. (c) Age of husband or wife if ~~alive~~ DECEASED years
7. Birth date of deceased Sept. (Month) 10 (Day) 1869 (Year)

8. AGE: Years 76 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Platte County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation FARMER (Retired Dgrs)
11. Industry or business FARMING
FATHER
12. Name William James REEVES
13. Birthplace — (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Louisa HORNBACK
15. Birthplace — (City, town, or county) Ky (State or foreign country)
16. (a) Informant William INGRAM
(b) Address Smithville Missouri
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 27 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Goss Cemetery, Clay Co. Mo
18. (a) Signature of funeral director McCOMAS FUNERAL HOME
(b) Address Smithville, Missouri
19. (a) June 27 - 1946 (Date received local registrar) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1946 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 20, 1946, to June 20, 1946, that I last saw him alive on June 20 - 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis — Duration
Due to
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 (M. D. or other)
Address Smithville, Mo Date signed 6-25-46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-3-46

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 CH

CH, Registered Apprentice No. CH,

working under my personal supervision.

Signed Owen J Boggess Jr

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.