

FILED JUL 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. **20119**

Registration District No. **144**

Primary Registration District No. **4234**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Iron**
(b) City or town **Ironton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **eight miles S.E. of Arcadia**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Judy Carrol Reves**

3. (b) If veteran, name was **no** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 26 1946**
(Month) (Day) (Year)

8. AGE: Years **0** Months **0** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Ironton MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business _____

MOTHER FATHER

12. Name **Earnest Reves**
13. Birthplace **Iron County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Maudrie Sutton**
15. Birthplace **Flat River Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earnest Reves**

(b) Address **Arcadia Missouri**

17. (a) **burial** (b) Date thereof **6-29-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Arcadia Missouri**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **8 1/2 White Ironton Mo.**

19. (a) **6-30-46** (b) **Mrs Avis Jones**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28**
year **1946** hour **2** minute **15** P.M.

21. I hereby certify that I attended the deceased from **June 26** 19**46** to **June 28** 19**46**
that I last saw him alive on **June 28** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal**
Bilateral bronchial pneumonia

Duration

1 day

Due to **Pre-mature birth**
(6 mo. pregnancy)

2 days

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? _____

While at work? _____ (Specify type of place) (a) Means of injury **C**

23. Signature **R. E. Farland** (M. D. or other) **M.D.**
Address **Ironton, Mo** Date signed **6-29-46**

18992
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4

District File Number 746-2375

Date Filed 7-10-46

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.....

Was not embalmed....., Registered Apprentice No.....

working under my personal supervision.

Signed Amel J. White.....

Licensed Embalmer No. 2412.....

P. O. Address Boston, Mass......

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.