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4-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 21 1946

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
215 Virginia
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 215 Virginia
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Andy Reaves
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 29
 year 1946 hour 12 minute Noon M.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Allie Reaves 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 25, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/29, 1946 to 5/29, 1946
 that I last saw him alive on 5/29 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>4</u>	_____ hr. _____ min.

Immediate cause of death Angina pectoris
 Duration _____

9. Birthplace Hartville Missouri
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Janitor

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business Christman's Dept. Store

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN R. K.
 Underline the cause to which death should be charged statistically.

12. Name Harry Reaves

13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Cassie Thompson

15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Allie Reaves

(b) Address 215 Virginia, Joplin, Mo.

17. (a) Burial (b) Date thereof 6-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkway Cemetery, Joplin

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 6-5-46 (b) Ed Danner
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
 23. Signature W. S. ...
 Address Joplin Mo Date signed 6/4/46

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

1946

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(Licensed Embalmer's Statement on Reverse Side)

46-5-500

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..... *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Gap Hill Rd*

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.