

FILED JUL 22 1946

Registration District No. 252

Primary Registration District No. 5857

Registrar's No. 12

1. PLACE OF DEATH: Nodaway
 (a) County. Parnell-Independence Town-
 (b) City or town. (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 7
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 4 months (Specify whether years, months or days)
 In this community years, months or days

3. (a) PRINT FULL NAME Jesse Lewis Reeves
 3. (b) If veteran, name war. — 3. (c) Social Security No. —

4. Sex male o 5. Color or race white 6. (a) Single, widowed, married, divorced, married
 (b) Name of husband or wife Verba Reeves 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased August 11, 1912 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	33	9	29	hr. min.

9. Birthplace Eckley Colorado (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Jesse Lewis Reeves

13. Birthplace Watson Missouri (City, town, or county) (State or foreign country)

14. Maiden name Parnagret Gaynes

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

16. (a) Informant Mrs. Verba Reeves

(b) Address Parnell Missouri

17. (a) burial (b) Date thereof June 14, 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Tarkio, Mo.

18. (a) Signature of funeral director. Price Funeral Home

(b) Address Maryville Mo.

19. (a) 6-14-46 (b) Geo Hephurn (Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Nodaway 74
 (a) State. (b) County.
 (c) City or town. Parnell -rural- 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7 miles N.W. 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
 year 1946 hour about 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from not
attended 19 to 19;
 that I last saw him alive on not seen 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death accidental drowning
 Duration

Due to

Due to 183-3
19

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations no operations

Of autopsy no autopsy
Coroner Inquest

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidental drowning

(b) Date of occurrence June 10th 1946

(c) Where did injury occur? Gaynes Nodaway Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm (Specify type of place) accidental
 While at work no (e) Means of injury drowning

23. Signature. L E Dean - Coroner M. D. 778

Address Maryville Mo Date signed 6-12-46

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

JUL 23 1945

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.....

John W. Price

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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.