. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

35026

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36254

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 364

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 321 W 7TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14

(c) City or town FULTON 1
(If outside city or town limits, write "RURAL")

(d) Street No. 321 W 7TH STREET 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JERAMIAH BASCOM REEVES

3. (b) If veteran, name war 1918 WORLD WAR I

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LOUISE

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased NOV. (Month) 1ST (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	0	7	hr. min.

9. Birthplace Mt AIRY (City, town, or county) N.C. 1 (State or foreign country)

10. Usual occupation PROFESSOR OF ENGLISH

11. Industry or business TEACHING

FATHER
12. Name MICAJAH REEVES
13. Birthplace (City, town, or county) N.C. 1 (State or foreign country)

MOTHER
14. Maiden name MERCER
15. Birthplace (City, town, or county) N.C. 1 (State or foreign country)

16. (a) Informant MRS J. B. REEVES
(b) Address FULTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 10, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation HILL-CREST FULTON

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 412 Court St. Fulton, Mo.

19. (a) Nov. 10-46 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1946 hour 6 minute 3 P M.

21. I hereby certify that I attended the deceased from June, 1946, to November 7, 1946
that I last saw him alive on November 7, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	15 min
Due to Hypertensive, arterio-sclerotic, Cardiovascular disease	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 131A

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 0

Signature E. Rutledge Gish (M. D. or other) M.D.

Address 7 West 10 St Fulton, Mo. Date signed 8 Nov 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-18-46

DEC 2 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.