

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41741

State File No.

FILED DEC 24 1946

Registrar's No. 35

Registration District No. 296

Primary Registration District No. 4444

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
(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 78 Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Ray

(c) City or town Camden, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Reeves

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

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 Unknown ; 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>-</u>	<u>-</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Laborer

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ance Ray

(b) Address Camden, Missouri

17. (a) Burial (b) Date thereof 11/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Cemetery

18. (a) Signature of funeral director Quest-Life F. Home

(b) Address Richmond, Mo.

19. (a) 12/4-46 (b) Helen C. Lanier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24 th
year 1946 hour 11:00 minute 45 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. EM alive on Nov. 18, 1946, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis
Arteriosclerosis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

93D

Duration _____

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)

(e) Means of injury _____

23. Signature W. B. Ray (M. D. or other) M. D.
Address Richmond, Missouri Date signed 11/30/46

RECEIVED

District Health Officer No.

District File Number.....

Date Filed.....12-21-46.....

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Louis G. G. G.*.....

Licensed Embalmer No.....4096.....

P. O. Address.....*Richmond*.....

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.