

FILED APR 7 1947

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **158**

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Mo 700 Slicer
(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 Home (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME William Henry Reeves

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased 8 25 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>7</u>	<u>4</u>	hr. _____ min.

9. Birthplace Gainesville Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER { 12. Name William Peter Reeves

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

14. Maiden name Julia Reed

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

16. (a) Informant Linuel I Reeves

(b) Address Kennett, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-47
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Lentz and Co

(b) Address Kennett, Mo

19. (a) 2-21-1947 (Date received local registrar)

(b) Carl Husband (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

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

(d) Street No. 700 Slicer (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20
year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 26
1947 to March 19 1947
that I last saw him alive on March 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar

Duration Week

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 0

23. Signature Quinton Tamer (M. D. or _____)

Address Kennett, Mo Date signed 3-20-47

90

RECEIVED
District Health Office No. 2
District File Number 497-425
Date Filed 4-3-47

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 Edgar Reed Ford
Licensed Embalmer No. 4433
P. O. Address Kennett 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.