

S. No. 2
M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23134
Registrar's No. 43

Registration District No. 339

Primary Registration District No. 6149

1. PLACE OF DEATH:

(a) County... **Stoddard**
(b) City or town... **Rural Duck Creek T.S.**
(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...
(Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Stoddard / 03**
(c) City or town... **Rural Duck Creek T.S. 0**
(If outside city or town limits, write "RURAL")
(d) Street No...
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME **David Henry Reavis,**

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

7. Birth date of deceased **January 28 1873**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **1**
If less than one day
hr. min.

9. Birthplace **Puxico Missouri, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farming**

12. Name **James R. Reavis**

13. Birthplace **North Carolina,**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Welsh**

15. Birthplace **North Carolina,**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sallie Reavis,**

(b) Address **Puxico Missouri,**

17. (a) **Burial** (b) Date thereof **7 2 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Puxico Missouri,**

18. (a) Signature of funeral director **Watkins Service**

(b) Address **Puxico Missouri,**

19. (a) **6-30-47** (b) **J. Lloyd Morgan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29**
year **1947** hour **Nine** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **JUNE 3**
19 **47**, to **JUNE 29** 19 **47**.
that I last saw him alive on **JUNE 29** 19 **47**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **5 hrs**

Due to...

Due to...

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 **J. L. Morgan** (M. D. or other)

Address **Puxico Mo** Date signed **6-30-47**

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 247-944

Date Filed 7-7-42

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.....

Licensed Embalmer No. 2476

P. O. Address Walter D.

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.