S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 12 1947

Registration District No. 217

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4-3-2-95786

State File No. 284003

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution: 2 mi. So. of Wyatt
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 2 Miles South of Wyatt
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Joe Reams.

3. (b) If veteran, name war No.

3. (c) Social Security No. UNKNOWN

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Celia Reams

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November (Month) 28, (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	8	26	..... hr. ..... min.

9. Birthplace Dumass (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Robert Reams
13. Birthplace Alabama (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Celia Reams
(b) Address RFD, Wyatt, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery Charleston, Missouri

18. (a) Signature of funeral director Joe R. Nunnelee
(b) Address Charleston, Missouri.

19. (a) 9-4-47 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th year 1947 hour 4:00 minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug 13, 1947 to Aug 24, 1947 that I last saw him alive on Aug. 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Cold

Due to .....

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

Major findings:
Of operations None
Of autopsy None

Duration: 12-Days

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) No

(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 ##

23. Signature Mayer H. Alexander (M. D. [redacted])

Address 1209 Washington Ave Date signed 8/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Registrar's Office No. 2,
District File Number 947-1198
Date Filed 9-9-47

MAR 10 1953

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 Joe R. Nunnelee

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.