V. S. No. 2
00M—5-43
ev. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1947

Registration District No. 297

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39297

Primary Registration District No. 6022

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural, R.F.D. # 5
(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)

In this community 79 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. R.F.D. # 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Henry Reavis

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Reavis

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 4, 1868
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	4	22	hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John G. Reavis
13. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cynthia Sylar
15. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Reavis

(b) Address Richmond, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/47
(Month) (Day) (Year)

(c) Place: burial or cremation Sunnyslope Cemetery

18. (a) Signature of funeral director Guest-Lile F. Home

(b) Address Richmond, Missouri

19. (a) Nov. 28-1947 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26 year 1947 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from 3 May, 1946, to 25 Nov, 1947, that I last saw him alive on 25 Nov, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcenoma of Pancrease	6 Mon.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis	
Major findings of operations Apoplexy in 1944	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. L. Lockzell M.D. (M. D. or other)

Address Richmond, Mo Date signed 28 Nov 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-3-47

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 Louis Lucas

Licensed Embalmer No. 4096

P. O. Address Richmond 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.