No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 10 1948

# MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 17343

Registration District No. 316 | Primary Registration District No. 4461 | Registrar's No. 173

1. PLACE OF DEATH:
(a) County: ST. FRANCOIS
(b) City or town: BISMARK, 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 — (Specify whether years, months or days) In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: ST. FRANCOIS
(c) City or town: BISMARK (If outside city or town limits, write "RURAL") 94
(d) Street No. — (If rural, give location) 0
(e) Citizen of foreign country? NO (~~Yes or~~ No) 0
If yes, name country —

3. (a) PRINT FULL NAME: LARRY GENE REEVES
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex: MALE 1
5. Color or race: WHITE
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: APRIL (Month) 6 (Day) 1948 (Year)

8. AGE: Years —; Months 1; Days 18; If less than one day — hr. — min.

9. Birthplace: BISMARCK (City, town, or county) MO (State or foreign country) 0
10. Usual occupation —
11. Industry or business —

FATHER
12. Name: JESSE REEVES
13. Birthplace: ANNAPOLIS (City, town, or county) MISSOURI (State or foreign country) 0

MOTHER
14. Maiden name: MABEL BARLOW
15. Birthplace: LEADWOOD (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant: JESSE REEVES
(b) Address: BISMARK, MO.
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof: 5/24/48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: LEADWOOD, MO.
18. (a) Signature of funeral director: Beck L. Boyd
(b) Address: Leadwood Mo.
19. (a) 6-4-48 (Date received local registrar) (b) Esther Rudolf (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1948 hour 8 a.p. minute — M.
21. I hereby certify that I attended the deceased from May 18, 1948 to May 24, 1948 that I last saw him alive on May 27, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Pneumonia Bilateral | |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: 108 | |
| Of autopsy: | |

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)
(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: Jas W. Hopson (M. D. or other) MD
Address: Bismarck, Mo. Date signed: 5/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 648-218

Date Filed 6-8-48

## 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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.