. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 25991

Primary Registration District No. 2000

Registrar's No. 748

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 34 hours (Specify whether years, months or days)
In this community: 34 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield, (If outside city or town limits, write "RURAL")
(d) Street No.: 1445 N. Johnston (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Earl Lea Reaves
3. (b) If veteran, name war: Infant
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Infant
6. (b) Name of husband or wife: Infant
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September 8, 1948 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 0 | 0 | 1 | hr. min. |

9. Birthplace: Springfield, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:
FATHER 12. Name: Clinton Reaves
13. Birthplace: Greene County, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Fern Hopper
15. Birthplace: Polk County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Clinton Reaves
(b) Address: Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood Cemetery
18. (a) Signature of funeral director: Gorman-Scharpf Funeral Home
(b) Address: Springfield, Missouri
19. (a) 9-10-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: September day: 9 year: 1948 hour: 9:15 minute: P. M.
21. I hereby certify that I attended the deceased from September 8, 1948 to September 9, 1948; that I last saw him alive on September 8, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Congenital atelectasis | 1 day |
| Due to: Prematurity | 1 day |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| 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: Thomas S. Hamilton (M. D. or other)
Address: City Health Dept. Date signed: 9/10/48 Springfield, Missouri

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

## 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 Harry Clyne

Licensed Embalmer No. 4594

P. O. Address Springfield, 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.**