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FILED SEP 13 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25992

State File No.

Registration District No. ~~128~~ 128

Primary Registration District No. ~~2000~~ 2000

Registrar's No. 746

1. PLACE OF DEATH: **GREENE**

(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** **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **9 hours**
(Specify whether years, months or days)

In this community: **9 hours**

3. (a) PRINT FULL NAME: **Pearl Marie Reaves**

3. (b) If veteran, name war: **Infant**

3. (c) Social Security No. **—**

4. Sex: **female**

5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Infant**

6. (b) Name of husband or wife: **—**

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

7. Birth date of deceased: **September 8, 1943**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0,	0	9 hr. 20 min.

9. Birthplace: **Springfield, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Infant**

11. Industry or business: **—**

MOTHER FATHER {

12. Name: **Clinton Reaves**

13. Birthplace: **Greene County, Missouri**
(City, town, or county) (State or foreign country)

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** (b) Date thereof: **9/9/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Hazelwood Cemetery**

18. (a) Signature of funeral director: **Gorman-Scharpf Funeral Home**
(Specify type of place) While at work? (e) Means of injury.

(b) Address: **Springfield, Missouri**

19. (a) **9-9-48** (b) **McF. Handley M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Greene** **39**

(c) City or town: **Springfield** **2**
(If outside city or town limits, write "RURAL")

(d) Street No.: **1445 N. Johnson** **6**
(If rural, give location)

(e) If foreign born, how long in U. S. A.: **No** years. **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September 8**
year **1948** hour **7** minute **05 P. M.**

21. I hereby certify that I attended the deceased from **September 8, 1948** to **September 8, 1948**
that I last saw her alive on **September 8, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cyphoxia neonatorum** **9'20"**

Due to: **Congenital atelectasis** **9'20"**

Due to: **Prematurity** **9'20"**

Other conditions: **—**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **—**

Of operations: **—**

Of autopsy: **—**

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? **—**

23. Signature: **Thomas S. Harris** (M. D. or other) **—**

Address: **City Health Dept.** Date signed: **9/8/48**

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

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 *L. Deolin Gorman*

Licensed Embalmer No. *3177*

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.