

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5127

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

1. PLACE OF DEATH
 (a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 GENERAL HOSPITAL # 20 & 45 mi. W. of
 (If not in hospital or institution, write street number or location)
 Street No. 1911 Vine
 (If rural, give location)
 (d) Length of stay: In hospital or institution 7 days, 18 hrs.
 In this community UNKNOWN (Specify whether years, months or days)

3: (a) PRINT FULL NAME EVA REEVES
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex FEMALE
 5. Color or race NEGRO
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive 1889 years
 7. Birth date of deceased NOVEMBER 30th 1889
 (Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 11
 If less than one day hr. min.

9. Birthplace HOPE, OKLAHOMA
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
 12. Name GEORGE REEVES
 13. Birthplace NOT KNOWN
 14. Maiden name GEORGIA ANN
 15. Birthplace NOT KNOWN
 (City, town, or county) (State or foreign country)

16. (a) Informant Friend: Willie Smith
 (b) Address 1911 Vine

17. (a) Burial (b) Date thereof Dec-18-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director J. H. Appleton & Jones
 (b) Address 1905 Vine St.

19. (a) 12-17-48 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 Street No. 1911 Vine
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month DECEMBER day 11th
 year 1948 hour 11:30 minute A. M.
 21. I hereby certify that I attended the deceased from
 DECEMBER 3rd 1948 to DECEMBER 11th 1948;
 that I last saw her alive on DECEMBER 8th 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death
 BRONCHOPNEUMONIA

Due to HYPERTENSIVE HEART DISEASE

Due to CARDIOVASCULAR ACCIDENT

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations 93.2
 Of autopsy

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?
 E. Frank Ellis (Specify type of place) (e) Means of injury

While at work (Specify type of place) (e) Means of injury

23. Signature Frank Ellis (M. D. or other)
 Address 600 East 22nd St. Date signed 12/13/48

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.....

Napoleon Jordan....., Registered Apprentice No. *267*
working under my personal supervision.

Signed *C. H. West*.....

Licensed Embalmer No. *2710*.....

P. O. Address *Kansas City 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.