

FILED JUN 5 1946 STANDARD CERTIFICATE OF DEATH

State File No. 16117

Registration District No. 79

Primary Registration District No. 5306

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cole Co.
(b) City or town Centertown, Mo. Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Centertown, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Centertown, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Centertown, Mo. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Reeves

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 3 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 5 13 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Bob Reeves

12. Name Bob Reeves

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles F. Thompson

(b) Address Centertown Mo

17. (a) Burial (b) Date thereof May 19 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown, Mo. cent

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) May 19 (b) Mr. Minnie Nittermeyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1946 hour 8 minute 12 P.M.

21. I hereby certify that I attended the deceased from May 14, 1946, to May 14, 1946
that I last saw him alive on May 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death hypertension and cerebral hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830
Of autopsy _____

Duration

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?

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

23. Signature Bob Reeves (M. D. or other) DO
Address Centertown, Mo. Date signed 5/19/46

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

26
0
0

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-4-46

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 Me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl R. Boulton.....

Licensed Embalmer No. 2126.....

P. O. Address California, 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.