

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18956

State File No. _____

Registration District No. 538

Primary Registration District No. 8628

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Madison
 (b) City or town Fredericktown
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Mary Lou Delia Reeves
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex F. 5. Color or race W.
 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 25 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 26
 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER
 12. Name Harley Reeves
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Delia Anthony
 15. Birthplace Fredericktown Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harley Reeves
 (b) Address Fredericktown Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1940
 (Month) (Day) (Year)
 (c) Place: burial or cremation Christian Cemetery - Fredericktown Mo.

18. (a) Signature of funeral director E. H. Webb
 (b) Address Fredericktown Mo.
 19. (a) May 22 1940 (Date received local registrar)
 (b) S. G. S. Conzelmann (Registrar's signature)
By E. H. Webb (Licensed Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison
 (c) City or town Fredericktown
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
 year 1940 hour 2 minute 30 P. M.
 21. I hereby certify that I attended the deceased from May 20
 1940, to May 20, 1940
 that I last saw her alive on May 20, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Transition 24
 Due to _____
Less. Prenatal
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Duration 21 day
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

Major findings: Of operations _____
 Of autopsy none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence no
 (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?
no
 While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature W. E. Bremer (M. D. or other)
 Address Fredericktown Date signed 5/22

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1511

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ed. H. Webb

Licensed Embalmer No. *731*

P. O. Address. *Fredrick Law*

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, above space should be left blank.