

SEP 19 1940
Registration District No. **304**

Primary Registration District No. **4227**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
711 West Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
(Specify whether
In this community 19 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town West Plains,
(If outside city or town limit write "RURAL")
(d) Street No. 711 West Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Edgar Merrill Reaves **170**

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

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

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

7. Birth date of deceased May 26 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman, retired.

11. Industry or business _____

12. Name Sidney F. Reaves **9**

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

14. Maiden name Martha McPherson
(City, town, or county) (State or foreign country)

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

16. (a) Informant Edgar Merrill Reaves Jr
(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof Sept 5 '40
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)
(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Hal Thompson
(b) Address West Plains, Mo.

19. (a) 9-5-40 (b) Vida W SIMONS
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3
year 1940 hour 12: minute 33 P. M.

21. I hereby certify that I attended the deceased from April 16 1939 to September 3 1940
that I last saw him alive on September 3 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio Sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

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 W. H. Hogan (M. D. or other) _____
Address West Plains, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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, XIX

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

Signed

Hal Thompson

Licensed Embalmer No. 3408

P. O. Address West Plains, 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, above space should be left blank.