

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.

FILED MAY 2 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15175  
Do not use this space.

1. PLACE OF DEATH Marion  
(a) County Marion Registration District No. 548.  
(b) Township Rabius Primary Registration District No. 5743  
(c) City Rural (d) Street No. 1 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Flavius Reeves  
(a) Residence, No. Palmyra, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Reeves</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 20, 1850</u>				
7. AGE	YEARS <u>90</u>	MONTHS <u>6</u>	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>farmer</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>				
FATHER	13. NAME <u>No record</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>			
MOTHER	15. MAIDEN NAME <u>No record</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>			
17. INFORMANT (ADDRESS) <u>J. A. Boopell Palmyra, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Barry, Illinois</u> DATE <u>3/16/41</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Lewis Grant Palmyra, Mo.</u>				
20. FILED <u>Mar. 16 - 1941</u> <u>H. Gertrude Lee</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>March 13 1941</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar. 11, 1941, to Mar. 11, 1941</u>	
I last saw him alive on <u>Mar. 11, 1941</u> . Death is said to have occurred on the date stated above, at <u>11:30 a.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Chronic myocarditis</u>	
Other contributory causes of importance: <u>Chronic Arthritis</u>	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury? <u>1941</u>	
Where did injury occur? (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>None</u>	
(Signed) <u>Dr. H. Boopell</u>	M. D.
(Address) <u>Palmyra, Mo.</u>	

**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, George Lewis

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

Signed George Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, Missouri

**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.**