No. 2
1-41
-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31855

Registration District No. 385

Primary Registration District No. 4228

Registrar's No.

**1. PLACE OF DEATH:**

(a) County: Howell

(b) City or town: Willow Springs Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

**2. USUAL RESIDENCE OF DEASCED:**

(a) State: Mo (b) County: Howell

(c) City or town: Willow Springs, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Earl Sidney Reames

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: Francis Reames

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

7. Birth date of deceased: 8 (Month) 11 (Day) 1894 (Year)

8. AGE: Years: 47 | Months: | Days: | If less than one day: ..... hr. ..... min.

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

10. Usual occupation: Mail Carrier

11. Industry or business: ( )

FATHER
12. Name: A. M. Reames
13. Birthplace: Harrie Cord (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name: Lucia Rice
15. Birthplace: Bladgett (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Francis Reames
(b) Address: West Plains Mo

17. (a) R- (Burial, cremation, or removal) (b) Date thereof: 9-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Naples Fla.

18. (a) Signature of funeral director: Robertson
(b) Address: West Plains Mo

19. (a) 9-2-41 (Date received local registrar) (b) Janette Ferguson (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9 day 1 year 1941 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h. ..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death: Fatal injuries received in Highway Collision

Due to .....

Due to .....

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

Major findings:
Of operations .....
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: 8 26
(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: 3

23. Signature: Ernest J. Meau Coroner (M. D. or other)
Address: West Plains Mo Date signed .....

RECEIVED
District Health Officer No. 5,
District File Number 10412018
Date Filed

JUN 1941

OCT 3 0 1941

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

Signed S. D. Robert

Licensed Embalmer No. 3432

P. O. Address Mesa Plain

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31655

Registration District No. 385 Primary Registration District No. 4228 Registrar's No.

SUPPLEMENTARY

**1. PLACE OF DEATH:**
(a) County: Howell
(b) City or town: Willow Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo (b) County: Howell
(c) City or town: Willow Springs
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Earl Sidney Reames
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
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: 8 (Month) – 11 (Day) – 1894 (Year)
8. AGE: Years: 47 Months: Days: If less than one day: hr. min.
9. Birplace: Missouri (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Mail carrier
11. Industry or business: ✓
MOTHER FATHER
12. Name: J. M. Reames
13. Birthplace: Pierce City, Ky. (City, town, or county) (State or foreign country)
14. Maiden name: Lucie Rose
15. Birthplace: Bladgett, Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Earl Reames
(b) Address: West Plains Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Springfield, Mo
18. (a) Signature of funeral director: Robertson
(b) Address: West Plains, Mo
19. (a) 9-21-41 (Date received local registrar) (b) Nanette Ferguson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: 9 day: year: 1941 hour: minute: M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Fatal Injuries Recieved in Highway Collision | |
| Due to: Large opening in abdomen at base of Pancreas crushed | |
| Due to: Chest Crushed — Ribs broken | |
| Other conditions (Include pregnancy within 3 months of death): Dead from shock | |

T. C. Arcil

Major findings:
Of operations:
Of autopsy: no

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): Accident
(b) Date of occurrence: 9-1-41
(c) Where did injury occur? Hiway 63 2 Willow Sprgs, Mo (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: [illegible] (Name of coroner)
Address: West Plains Mo Date signed

S-31655 1941