. No. 2
—1-4-41
5-17-39
I X28390

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. 41379

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Meth Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 3313 Scott 7
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul Cecil Reeves

3. (b) If veteran, name war World War

3. (c) Social Security No. 495-01-6993

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Neva R Reeves

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan (Month) 23 (Day) 1895 (Year)

8. AGE: Years 46 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Middletown (City, town, or county) / Ill. (State or foreign country)

10. Usual occupation Live Stock Salesman

11. Industry or business

FATHER
12. Name John William Reeves
13. Birthplace (City, town, or county) / Ky (State or foreign country)

MOTHER
14. Maiden name Rebecca Walker
15. Birthplace Petersberg (City, town, or county) / Ill. (State or foreign country)

16. (a) Informant Mrs Neva R Reeves
(b) Address St Joseph, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 13 (Day) 1942 (Year)
(c) Place: burial or cremation Bedford Iowa

18. (a) Signature of funeral director Tillman & Son Inc
(b) Address St Joseph Missouri

19. (a) Jan. 13, 1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1942 hour 9 minute 05 P M.

21. I hereby certify that I attended the deceased from Nov. 1, 1941, to Jan 10, 1942
that I last saw him alive on Jan 9, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	25 days
Cerebral arteriosclerosis	?
Due to Hemiplegia Left	25 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)
(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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. S. Conrad (M. D. ~~or other~~)
Address [illegible] Date signed 1-12-42

(Licensed Embalmer's Statement on Reverse Side) 722 Francis St., St. Joseph, Mo.

Conrad.

MAY 26 1942

JAN 24 1942

MAY 31 1942

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 .....

Jan 10, 1942 ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No: 4050

P. O. Address St. Joseph 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.