

FILED MAY 12 1943

Registration District No. 134

Primary Registration District No. 41-9-9-4202

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Cainsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 58 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 41
(a) State Missouri (b) County Harrison
(c) City or town Cainsville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Stiles Reeves

MEDICAL CERTIFICATION

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month April day 5
year 1943 hour 2 minute 15 AM.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude I. Reeves 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 25, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 28, 1943
19 to April 4, 1943
that I last saw him alive on April 4, 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>9</u> hr. min.

Immediate cause of death Uremia

9. Birthplace Schyler County Missouri
(City, town, or county) (State or foreign country)

Due to Chr. Interstitial Nephritis
Due to Chr. Myocarditis.

10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 3 months of death) 13/2

11. Industry or business
MOTHER FATHER { 12. Name John Reeves
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Hulen
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN

16. (a) Informant Maude I. Reeves
(b) Address Cainsville, Missouri.

Major findings:
Of operations
Of autopsy

17. (a) Burial (b) Date thereof Apr. 7 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oaklawn Cemetery

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?

18. (a) Signature of funeral director [Signature]
(b) Address Cainsville, Missouri

While at work (Specify type of place) (c) Means of injury 2

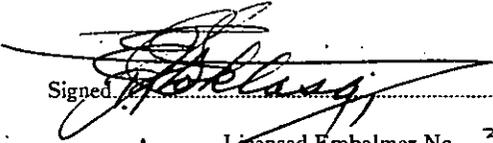
19. (a) 5/5/1943 (b) S. P. Shaw
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M.D. or other)
Address Cainsville Date signed April?

MAR 2 9 1944

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
Eddie J. Stoklasa, Registered Apprentice No. _____
working under my personal supervision.

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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, fact should be so stated above.