18070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 18 1943

Registration District No. 146 — Primary Registration District No. 3026 — Registrar's No. 124

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 4 hours (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 0

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Blue Mills Road (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nellie Reeves

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wht

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 24 (Day) 1940 (Year)

8. AGE: Years 3 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Blue Mills Rd. Jackson Cty, Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Morris H. Reeves
13. Birthplace Buckner, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edna Cross
15. Birthplace Texas County, Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora George

(b) Address 1106 W. Waldo - Indep

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Mo

18. (a) Signature of funeral director Speaks Funeral Home

(b) Address Indep. Mo.

19. (a) 4-29-1943 (Date received local registrar) (b) James W Ross (Registrar's signature)

1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26 year 1943 hour 9:45 minute a. M.

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

Immediate cause of death 2nd & 3rd degree burns of entire body

Due to Explosion of coal stove (House burned)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Inspection

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

180 / 15

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 048

(b) Date of occurrence 4/26/43

(c) Where did injury occur? Jackson Co. (City or town) Missouri (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place) Explosion

While at work? No (e) Means of injury of coal stove

23. Signature [signature] (M. D. or other)

Address K.C. Mo. Date signed 4/27/43

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No. 3604,

working under my personal supervision.

Signed Roland P. Abernathy by [illegible]

Licensed Embalmer No.

P. O. Address Indep. 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.