

FILED JUN 1 1943

Registration District No. 260

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(c) Name of hospital or institution: State Hosp. no. 32
(d) Length of stay: In hospital or institution 10 yr. 4 mo. 16 da.
In this community same time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Stockton
(d) Street No. _____
(e) Citizen of foreign country? N.O.

3. (a) PRINT FULL NAME Martha Reeves

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Cedar Co. Aug. 22 - 1869

8. AGE: Years 73 Months 9 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Cedar Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Elias Wade

13. Birthplace Georgia (City, town, or county) (State or foreign country)

14. Maiden name Margaret Bowman

15. Birthplace Ills. (City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Records Nevada Mo.

17. (a) Burial (b) Date thereof 5 29 43

(c) Place: burial or cremation Mound Cemetery

18. (a) Signature of funeral director Ed Dorado Springs Mo.

19. (a) 5-28-43 (b) Lozel B. Bueck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1943 hour 16 minute 25 M.

21. I hereby certify that I attended the deceased from Feb. 1 - 1943 to May 28 - 1943

that I last saw her alive on May 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Robert Pneumonia Duration 10 d.a.

Due to _____

Due to _____

Other conditions Senile Psychosis (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
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? _____

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

23. Signature R. B. Lester (M. D. _____) Address Nevada Mo. Date signed 5-25-43

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

0800

RECEIVED

District Health Officer No. 7,

District File Number 5-43-570

Date Filed 6-15-43

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 W. L. Linn

Licensed Embalmer No. 2084

P. O. Address E. Dorado Hq. 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.