

V. S. No. 2
00M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6289

FILED MAR 6 1944

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

773

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:
4326 VIRGINIA AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 YEARS (Specify whether years, months or days)

In this community 23 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 4326 VIRGINIA AVENUE
(If rural, give location)

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

If yes, name country NO

3. (a) PRINT FULL NAME MR. BENJAMIN FRANKLIN REEVES

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB, day 14TH, year 1944, hour 2, minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 12, 1944, to Jan 14, 1944, that I last saw him alive on Jan 13, 1944, and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ELIZABETH ANN REEVES

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased MARCH 3 1861
(Month) (Day) (Year)

Immediate cause of death Pneumo - Pneumonia Duration 4 days

8. AGE: Years 82-85 Months 11 Days 11 If less than one day hr. min.

Due to Influenza 1 week

9. Birthplace GREEN CASTLE INDIANA
(City, town, or county) (State or foreign country)

Due to Nephrosclerosis
Atherosclerosis

10. Usual occupation RETIRED R.R. CONDUCTOR

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business SANTA FE R.R.

Major findings: Of operations

12. Name JOHN W. REEVES

Of autopsy 131 a

13. Birthplace GREEN CASTLE INDIANA
(City, town, or county) (State or foreign country)

14. Maiden name LAURA HODGE

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

16. (a) Informant Mrs Bertha Nettie

(b) Address Montrose Colorado

17. (a) REMOVAL (b) Date thereof FEB-17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHANUTE KANSAS

18. (a) Signature of funeral director W. H. Newcome's Son

(b) Address 1401 BRUSH GREEN BLDG.

19. (a) 2-16-44 (b) T. E. Brown
(Date received local registry) (Registrar's signature)

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 0

23. Signature Allen L. Hearst (M. D. or other)

Address 1100 P. of Bldg Date signed 2-17-44

W. Green Secular
Professional Body
1100

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.....

H. C. Newcomer Jr

Licensed Embalmer No..... *4049*

P. O. Address..... *H. C. 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.