

No. 2  
1-2-43  
1-1-39  
1-1-3487

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21038

FILED JUL 15 1946

State File No. \_\_\_\_\_

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution:  
1906 Davis, Ave.  
(If not in hospital or institution, write street number or location)

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

In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

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

(d) Street No. 1906 Davis, Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Alice Reeves

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th,  
year 1946 hour 3 minute P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Lee Reeves

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March 1, 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
June 15 - 1946, to June 28 - 1946  
that I last saw her alive on June 20 - 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death  
Cancer of uterus

Duration  
2 or 3 yrs.

9. Birthplace Halls, Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation House-Wife

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

Major findings:  
Of operations 48.4

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Lee Reeves

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 6/30/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director W. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 7-9-46 (b) James B. Welch  
(Date received by registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature J. P. Union (M. D. or other) \_\_\_\_\_  
Address Caruthersville, Mo. Date signed 6-28-46

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

7-46-157

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 *Matthew T. McLaughlin*

Licensed Embalmer No. *4286*

P. O. Address. *Caruthersville, 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.