

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3484**

FILED AUG 27 1946
187

Registration District No. _____ Primary Registration District No. 1002

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 144 days
(Specify whether _____)

In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 2425 Olive Street **8**
(If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME JAMES C. REEVES

3. (b) If veteran, name war no 3. (c) Social Security No. 487-05-6927

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 16, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>5</u>	<u>2</u>	<u>23</u> hr. _____ min.

9. Birthplace Shelbyville, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Porter - Maintenance

11. Industry or business Unemployed

12. Name Pleasant Reeves

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

14. Maiden name Lula McLean

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

16. (a) Informant James W. Reeves, Nephew

(b) Address 2425 Olive (Be. 8273

17. (a) Removal (b) Date thereof 8/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ft. Scott, Kansas

18. (a) Signature of funeral director E. Sterling Bell

(b) Address 1217 N. Vine St. Mo.

19. (a) 8-12-46 (b) Altrudine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
year 1946 hour 31 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 18, 1946 to Aug. 9, 1946; that I last saw him alive on Aug. 9, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma

Due to _____

Due to _____

Other conditions 470
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Same

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? _____

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

23. Signature [Signature] (M. D. or other) M. D.
Address 600 East 22nd St. Date signed 8/9/46

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

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

26162

SEP 11 1946

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 E. Sterling Billa

Licensed Embalmer No. 3178

P. O. Address 1217 Ave. H.C. 27

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.