

FILED FEB 20 1947

Registration District No. 2049

Primary Registration District No. 5761

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Liberty Township /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 17 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. Liberty Township
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Bell Reeves

3. (b) If veteran, name war No

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 1947 hour 9 minute 45 P. M.

4. Sex Female / 5. Color or race White

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

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

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

7. Birth date of deceased September 7 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 25 December 1946 to January 25, 1947; that I last saw her alive on January 25, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Paraplegia and S. Encephalitis

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>4</u>	<u>18</u>	hr. _____ min. _____

Due to _____

Due to _____

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

9. Birthplace Macomb Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Charles Strange

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name Mary Johnson

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

16. (a) Informant Mrs J.A. Baskett

(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 1/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe City, Missouri

18. (a) Signature of funeral director Viola Lee Deputy
Palmyra, Mo.

(b) Address _____

19. (a) 1-28-1947 (b) Viola Lee Deputy
(Date received local registrar) (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 Marion Lachman (M. D. or other) _____
Address Palmyra, Mo. Date signed 1/27.47

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

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..... *Geo. B. Lewis*.....
Licensed Embalmer No. *2382*.....
P. O. Address..... *Palmyra 5 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.