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M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39153

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 381

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
307 W. 4th /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 13 years years, months or days)

3. (a) PRINT FULL NAME Phoebe MARGARET Reavis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased Oct - 17 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 23 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Albert Wimmer

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

14. Maiden name Mary Susan Fisher

15. Birthplace Pettis Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robert Spencer

(b) Address 307 W. 4th Sedalia, Mo.

17. (a) Burial (b) Date thereof Nov. 12 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director M^cLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 11-12-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 307 W. 4th
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 10
year 1947 hour _____ minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 10 1947 to Nov. 10 1947
that I last saw her alive on Nov. 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
hypertensive heart disease
arteriosclerosis, advanced

Due to _____

Due to _____

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

PHYSICIAN

Major findings: none

Of operations _____

Of autopsy 93P

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) Means of injury _____

23. Signature Chas. J. ... (M. D. or other) MD

Address Sedalia Date signed 11-12-47

(Licensed Embalmer's Statement on Reverse Side)

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

70
6
L

died 11:30 p.m. - 11-70

RECEIVED
District Health Officer No. 8.
District File Number _____
Date Filed 11-18-47

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 RPM Cravy
Licensed Embalmer No. 3153
P. O. Address Delia 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.