

S. No. 2
4-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED FEB 11, 1948

Registration District No. 7948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1426

Primary Registration District No. 3026

Registrar's No. 43

1. PLACE OF DEATH:

(a) County... Jackson
(b) City or town... Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 2 Weeks
(Specify whether years, months or days)
In this community... 21 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson
(c) City or town... Independence
(If outside city or town limits, write "RURAL")
(d) Street No... 917 Arlington
(If rural, give location)
(e) Citizen of foreign country? No.
If yes, name country

3. (a) PRINT FULL NAME Beaulah Lee Reavis

3. (b) If veteran, name war... None
3. (c) Social Security No. None

4. Sex... Female
5. Color or race... white
6. (a) Single, widowed, married, divorced... married
6. (b) Name of husband or wife... John H. Reavis
6. (c) Age of husband or wife if alive... 71 years
7. Birth date of deceased... Feb. 21 1885
(Month) (Day) (Year)

8. AGE: Years 62, Months 11, Days 10
If less than one day hr. min.

9. Birthplace... S ALINE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation... House Wife

11. Industry or business

12. Name... R. E. Reavis
13. Birthplace... Unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name... Emma Morgan
15. Birthplace... Saline Co, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant... John H. Reavis
(b) Address... 917 Arlington

17. (a) Burial, cremation, or removal... Burial
(b) Date thereof... 2-11-48
(Month) (Day) (Year)
(c) Place: burial or cremation... Mt. Washington Cem

18. (a) Signature of funeral director... Geo. A. Carson
(b) Address... Independence, Missouri

19. (a) 2-3-48 (b) Registrar's signature...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1 st.
year 1948 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Dec 1 1947 to Feb 1 1948
that I last saw him alive on Feb 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death...
Coronary occlusion -
Due to... Coronary Sclerosis
Due to... arterial hypertension
Cardiac Hypertrophy -
Other conditions...
(Include pregnancy within 3 months of death)

Major findings:
Of operations...
Of autopsy...
PHYSICIAN
Underline the cause of 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... Fred W. Shank M.D.
Address... Farmington Mo. Date signed... 2/3/48

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

MOTHER FATHER

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.....

Tom D. Markland....., Registered Apprentice No. 40
working under my personal supervision.

Signed.....

Floyd C. Carson
Licensed Embalmer No. 4199

P. O. Address Independence, 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.