

S. No. 2  
DM-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5686

FILED MAR 5 1948

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

Registration District No. 268

Primary Registration District No. 5905

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: Home Rural Route 2 /  
(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 50 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town R. 2 Portageville  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 2  
(If rural, give location)

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

3. (a) PRINT FULL NAME GEORGE W. REEVES

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6, year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1948 to Feb 5, 1948  
that I last saw him alive on Feb 5, 1948  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Mary Reeves 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 28, 1878  
(Month) (Day) (Year)

Immediate cause of death scabietic miltitris

Duration	<u>3</u>
	<u>6</u>

AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>1</u>	<u>8</u>	hr. _____ min. _____

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

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

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

Other conditions Myocardial Infarction 3.000  
(Include pregnancy within 6 months of death)

10. Usual occupation Farmer

Major findings:  
Of operations 61  
Of autopsy \_\_\_\_\_

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

11. Industry or business X

12. Name James Reeves

13. Birthplace Point Pleasant, Mo. /  
(City, town, or county) (State or foreign country)

14. Maiden name Cordelia Lowery

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

16. (a) Informant Jewell Reeves

(b) Address R. 2 Portageville, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 2/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo.

(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? \_\_\_\_\_

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

(b) Address Caruthersville, Mo.

While at work? 0 (Specify type of place)

(e) Means of injury \_\_\_\_\_

Signature [Signature] (M. D. or other) MD

Address Caruthersville Date signed 2/7/48

19. (a) 2-10-48 (b) Mrs. A. Gullett  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

3-48-66

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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..... *William D. Pike* .....

Licensed Embalmer No. *4484* .....

P. O. Address *Canthersville, Missouri* .....

**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.**