S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15208

Registration District No. 356 Primary Registration District No. 6210 Registrar's No. 18

1. PLACE OF DEATH:
(a) County TEXAS
(b) City or town RURAL UPTON ~~[illegible]~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community MOST OF LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County TEXAS
(c) City or town RURAL 167
(If outside city or town limits, write "RURAL")
(d) Street No. 7 MI SOUTH PLATO 6
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME JOE E. REEVES
3. (b) If veteran, name war .....
3. (c) Social Security No. NONE 2
4. Sex MALE 0
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased JUNE (Month) 26 (Day) 1867 (Year)

8. AGE: Years 80 Months 8 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation FARMER
11. Industry or business .....
FATHER 12. Name UNKNOWN 9
13. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)
16. (a) Informant SOCIAL SECURITY OFFICE
(b) Address HOUSTON, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation LYNCH
18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address HOUSTON, MO
19. (a) April 17-48 (Date received local registrar) (b) Myrtie Craig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20 year 1948 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from Found dead in bed, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Supposed heart insufficiency	
Due to Supposed to have dead March 20 four or five days	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN — 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 Sulphur Pool 3-20-48
(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? Did injury Means of injury 3
23. Signature J. R. Nomack (M. D. or other)
Address Houston Date signed 3-29-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 548311
Date Filed 5-8-48

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 NO EMBALMING, Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.