S. No. 2
1—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1948

Registration District No. 277

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16999

Primary Registration District No. 5786

Registrar's No. 44

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Wyatt -- Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Res-41/2 Mi So. Wyatt
(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 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town Wyatt--Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. None 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Barbara Justine Reeves
3. (b) If veteran, name war infant
3. (c) Social Security No. infant
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased April 5, 1948 (Month) (Day) (Year)
8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.
9. Birthplace Wyatt, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Infant
11. Industry or business Infant
FATHER
12. Name GenE Reeves
13. Birthplace Boonville, Arkansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Justine Barber
15. Birthplace Lindon, Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Gene Reeves,
(b) Address RFD Charleston, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Dirk Cem. Wyatt, Mo
18. (a) Signature of funeral director Private
(b) Address
19. (a) 5-11-48 (Date received local registrar) Mrs John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day ~~5th~~ 6th year 1948 hour 8 minute P M.
21. I hereby certify that I attended the deceased from April 5, 1948 to April 6, 1948 that I last saw him alive on April 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory Collapse	1 day
with entrachaeitis & hemorrhage	
Due to Premature	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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
(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? (e) Means of injury
23. Signature T. P. Eutsler (M. D. or other)
Address Wyatt Date signed 9/13/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 548-638
Date Filed 5-18-48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Not Embalmed

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.