

No. 300
-10-47
-17-39
-1 3905

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 23 1948

STANDARD CERTIFICATE OF DEATH

State File No. 39276
Registrar's No. 28

Registration District No. le

Primary Registration District No. 3001

1. PLACE OF DEATH:
 (a) County Audrain
 (b) City or town Vandalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Browns Nursing Home 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lincoln
 (c) City or town Troy
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lola Montz Reeves
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None
 4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Widow 2
 6. (b) Name of husband or wife William Reeves
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 1, 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 16
 year 1948 hour 7 minute 30 M.
 21. I hereby certify that I attended the deceased from Nov. 29, 1948, to Dec 16, 1948;
 that I last saw her alive on Dec 11, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
 Due to Arteriosclerosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

8. AGE: Years 90 Months 3 Days 16 If less than one day _____ hr. _____ min.
 9. Birthplace Troy Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Henry Hall
 13. Birthplace Dont Know
 14. Maiden name SARIE ANN NORTON
 15. Birthplace Dont Know
 16. (a) Informant Mrs. Claude Reeves
 (b) Address Vandalia, Missouri
 17. (a) Burial (b) Date thereof Dec. 18, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Troy, Missouri
 18. (a) Signature of funeral director W. B. Waters
 (b) Address Vandalia, Missouri
 19. (a) Dec 17 1948 (b) Mallie Fugate
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
 23. Signature St. M. Blaud (M. D. or other) _____
 Address Vandalia Mo Date signed 12/17/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-48-218

Date Filed DEC 22 1948

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 B. Natus

Licensed Embalmer No. 4169

P. O. Address Landolia 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.