

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36721**  
Registrar's No. **89**

FILED NOV 20 1946

Registration District No. **121**

Primary Registration District No. **4200**

1. PLACE OF DEATH:

(a) County **Greene**  
(b) City or town **Ash Grove**  
(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.  
In this community **Forty Three Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Cassie Reeves**

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased **4** (Month) **1** (Day) **1860** (Year)

8. AGE: Years Months Days If less than one day  
**86** **6** **6** hr. min.

9. Birthplace **Carthage Tenn** (City, town, or county) (State or foreign country)

10. Usual occupation **House Keeper**

11. Industry or business

12. Name **UNKNOWN**  
13. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)  
14. Maiden name **UNKNOWN**  
15. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)

16. (a) Informant **ETHEL YORKUM**

(b) Address **ASH GROVE MO**

17. (a) **BURIAL** (b) Date thereof **11 12 46** (Month) (Day) (Year)

(c) Place: burial or cremation **BERRY CEM**

18. (a) Signature of funeral director **Morris - Leiman**

(b) Address **ASH GROVE MO**

19. (a) **11 14 46** (Date received local registrar) (b) **Dr. R. B. Wilson** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Greene**  
(c) City or town **Ash Grove Mo** (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **8**  
year **1946** hour **6** minute **45** P.M.

21. I hereby certify that I attended the deceased from **1920** to **Nov-9-46**  
that I last saw him alive on **Nov 8 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Consciousness - multiple**

Due to **Uremia**

Due to **Nephritis - Chronic**

Other conditions **Sanitary**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **31B**

Of autopsy

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? (c) Manner of injury

23. Signature **Dr. Charles R. R. Wilson** (M. D. or other)  
Address **Ash Grove, Mo.** Date signed **11/9/46**

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

RECEIVED

Greene County Health Office,

County File Number 46-11-120

Date Filed 11/19/46

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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 Maude O. Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove 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.