

REC'D APR 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10458

Do not use this space.

## 1. PLACE OF DEATH

(a) County Chariton 2 Registration District No. 175  
(b) Township 1 Primary Registration District No. 4104 Registered No. 13  
(c) City Salisbury (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Reynolds  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-8-1854  
7. AGE YEARS 84 MONTHS 9 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housework  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Lifg

12. BIRTHPLACE (CITY OR TOWN) MO  
(STATE OR COUNTRY)

FATHER 13. NAME Barber Childs  
14. BIRTHPLACE (CITY OR TOWN) mo  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ellen James  
16. BIRTHPLACE (CITY OR TOWN) mo  
(STATE OR COUNTRY)

17. INFORMANT James Reynolds  
(ADDRESS) Salisbury mo18. BURIAL, CREMATION, OR REMOVAL PLACE Roanoke DATE 3/10 19. 3919. FUNERAL DIRECTOR (NAME) Geo. B. Winstelmeier  
(ADDRESS) Salisbury mo20. FILED 3/9 39 Winstelmeier  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 193922. I HEREBY CERTIFY, That I attended deceased from 3-3 1939 to 3-9 1939I last saw her alive on 3-9 1939. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

Chc. myocarditis

Date of onset

Other contributory causes of importance:

Influenza3-3-39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify yes(Signed) Winstelmeier, M. D.(Address) Salisbury mo

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 4/15/59

**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, \_\_\_\_\_

*Fred R. Kinkelmeier*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Fred R. Kinkelmeier*

Licensed Embalmer No. 3981

P. O. Address *Salisbury, 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, above space should be left blank.