

056D JUN 8 1939

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

17694
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Law Primary Registration District No. 1002 Registered No. 2096
(c) City Jackson City (d) Street No. St. Mary's Hospital 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

543 Bismarck Reynolds
(a) Residence, No. 3338 Benton 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 Male 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cleaves Reynolds
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20-1874
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 6 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steamfitter
9. Industry or business in which work was done, as saw mill, bank, etc. Duff + Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Vernon Iowa

FATHER 13. NAME Amos Reynolds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Cleaves Reynolds 3338 Benton

18. BURIAL, CREMATION OR REMOVAL PLACE St. Monik DATE 5-20-39

19. FUNERAL DIRECTOR (ADDRESS) Caplan Funeral Home N.C. Mo.

20. FILED May 19 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1939

22. I HEREBY CERTIFY That I attended deceased from May 17 1939 to May 17 1939

I last saw him or her on May 17 1939 Death is said to have occurred on the date stated above, at 5:45 p.m.

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

Automobile trauma
fracture of right femur
fracture of the pelvis
Other contributory causes of importance: bronchopneumonia 210m

Name of operation Date of Yes

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 4-18-39

Where did injury occur? N.C. Mo. (Specify city or town, county and State)

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

Manner of injury Pedestrian struck by

Nature of injury auto

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Walter H. Brown M. D.

(Address) Gen. St. St. N.C. Mo.

WRITE PLAINLY, WITH NON-FADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)