

1939 JUN 19 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18893
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Salena Primary Registration District No. 2002 Registered No.
 or
 (c) City Joplin (d) Street No. Freeman 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

William H. Reynolds
 (a) Residence, No. Seneca, Mo. St. Seneca, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give county, town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Mary Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-64

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>0</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) 1931

11. Total time (years) spent in this occupation. Adult yrs

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

FATHER

13. NAME Henry Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Martha Roark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martha Roark Missouri

17. INFORMANT (ADDRESS) James O. Reynolds Seneca, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca, Mo. DATE 5-13-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Burman B. W. Seneca, Mo.

20. FILED 5-19-39 Ed J. Jussim Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939

I HEREBY CERTIFY That I attended deceased from May 8, 1939 to May 12, 1939

I last saw him alive on May 12, 1939 Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Cardiac Cathartism
Arteriosclerosis

Other contributory causes of importance: 95 lb

Name of operation CoT Date of no
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) J. J. Jussim, M. D.
Joplin Mo (Address)

K. 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.

RECEIVED

District Health Officer No. 6,

District File No. 6-6-39-1260

Date Filed JUN 9 1939

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 BWT Buzzard.....

Licensed Embalmer No. 2334.....

P. O. Address Seneca Missouri.....

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.