No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Upshaw 18492
State File No.

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 454

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 527 W Lynn 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: James D. Reynolds 54
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 27 (Day), 1864 (Year)
8. AGE: Years 75 Months 10 Days 22 If less than one day: hr. min.
9. Birthplace: Unknown (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Merchant Retired
11. Industry or business: Merchant
FATHER 12. Name: J. G. Reynolds
13. Birthplace: Unknown (City, town, or county) Tenn (State or foreign country)
MOTHER 14. Maiden name: Margaret Miller
15. Birthplace: Unknown (City, town, or county) Tenn (State or foreign country)
16. (a) Informant: Mrs W H Brake
(b) Address: 527 W Lynn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mansfield Mo.
18. (a) Signature of funeral director: J.W. Klinger + Co
(b) Address: Springfield Missouri
19. (a) May 20, 1940 (Date received by local registrar) (b) W. E. Handley M.D. (Registrar's signature) RPB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1940 hour 12:20 minute A.M. M.
21. I hereby certify that I attended the deceased from March, 1st 1940, 1940, to May, 19th, 1940; that I last saw him alive on May, 15th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis (with mitral regurgitation)
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: No operation
Of autopsy: None made -

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (e) Means of injury:

23. Signature: Paul O. Upshaw M.D. (M. D. or other)
Address: Springfield, Missouri Date signed 5-20-40.

(Licensed Embalmer's Statement on Reverse Side)

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 Max Tho

Licensed Embalmer No. 4071

P. O. Address Spring Lake

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.