

Rev. 5-17-30
1 x1951

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25526

State File No. _____

1 AUG 20 1940
Registration District No. 4370

Primary Registration District No. 5588

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg - Rural
(If outside city or town limits, write "RURAL" and name of township)
Courtesy Home 3
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg, Rural
(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.

In this community _____
years, months or days

3. (a) PRINT FULL NAME Lewis Reynolds 513

8. (b) If veteran, name war _____ 3. (c) Social Security No. 500-10-6243

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 Nov. 3, 1883
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Troy, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER { 12. Name Lewis Reynolds

13. Birthplace Unknown, Missouri
(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's own signature Garret Pansay

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof July 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Queeney Phillips

(b) Address Warrensburg, Mo.

19. (a) July 13, 1940 (b) T. B. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1940 hour 2 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1939
to Jul. 11, 1940, to _____, 19____;
that I last saw her alive on Jul. 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Wremia

Due to Chronic Interstitial Nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 101

Major findings: Of operations _____

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? _____

991 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature T. S. Bradley (M. D. or other) Jul 11
Address Warrensburg, Mo. Date signed 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 14 1948

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-7-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.