

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

**32352**  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Johnson Registration District No. 426  
 (b) Township Chilhowee Primary Registration District No. 5581 Registered No. 15  
 (c) City Magnolia, Mo. (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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Reynolds,  
 (a) Residence, No. Magnolia, Mo. 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 (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marri on Reynolds,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	77	9	17	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.  
 9. Industry or business in which work was done, as law mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois, |  
 13. NAME ? George |  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois, |  
 15. MAIDEN NAME Unknown,  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Lester Wyatt,  
 (ADDRESS) Leeton, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mineral Creek, DATE September 11,  
Leeton, Mo. 6th, 1940  
 19. FUNERAL DIRECTOR R. A. Brauninger,  
 (ADDRESS) Leeton, Mo.  
 20. FILED 9/6/40, 19 0 L. Cross  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3rd, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1940, to Sept 3 1940  
 I last saw her alive on Sept 3rd 1940 Death is said to have occurred on the date stated above, at 2:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Mitral Regurgitation Date of onset 1938?  
- Myo-Carditis - 1940  
 Other contributory causes of importance: Senility 92  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) H. B. Ubery M. D.  
 (Address) Holden Mo  
Jone 4.

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.

RECEIVED  
Official Health Officer No. 81  
District File Number  
Date Filed 10-8-40

STATEMENT BY LICENSED EMBALMER

I, R.A. Branninger, Licensed Embalmer No. 3377  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me,  
R.A. Branninger - I. E.  
No. 3377 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed R.A. Branninger  
Licensed Embalmer No. 3377

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.)