

FILED DEC 14 1940

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

39526
Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 704
(b) Township Osborne Primary Registration District No. 4425 Registered No. _____
(c) City Marionville (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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

JESSE O WOODS M^r REYNOLDS
(a) Residence, No. Marionville 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 Male 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 LAURA M^r REYNOLDS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 18-1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10
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) 1939 11. Total time (years) spent in this occupation 60
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Mo.
13. NAME David H. M^r Reynolds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
15. MAIDEN NAME Sarah Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brighton Mo.
17. INFORMANT (ADDRESS) Paul H. M^r Reynolds
Marionville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE June 20 19 40
19. FUNERAL DIRECTOR (NAME) (ADDRESS) White & Osborn
Suburban
20. FILED 9/20 19 40 Wm. J. Varrel
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 18 19 40

22. I HEREBY CERTIFY, That I attended deceased from May 15 19 40 to June 18 19 40
I last saw him alive on June 18 19 40. Death is said to have occurred on the date stated above, at 1:00 A. M.
The principal cause of death and related causes of importance were as follows:

Typhoid fever

Date of onset

Other contributory causes of importance: 1

Name of operation _____ Date of _____

What test confirmed diagnosis labinal 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? _____

If so, specify _____

(Signed) W. J. Varrel M. D.(Address) Marionville Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X10605

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

District Health Officer No. 7,

District File Number 12-40-1657

Date Filed 12-2-40

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.....

Personally....., Registered Apprentice No.....
working under my personal supervision.

Signed

Richard D. Quinn

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

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.