No. 2
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FILED JAN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42597

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1700-C-9th St Trenton, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 3 weeks (Specify whether years, months or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County
(c) City or town West Liberty
(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 CHARLES B. REYNOLDS
3. (b) If veteran, name war None
3. (c) Social Security No. 479-03-2713
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband or~~ wife Violet Reynolds
6. (c) Age of ~~husband~~ or wife if alive 35 years
7. Birth date of deceased July (Month) 1 (Day) 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
38	5	7	— hr. min.

9. Birthplace West Liberty (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Jewerly Engraver
11. Industry or business
FATHER
12. Name Thomas Carey Reynolds
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Myrtle McNaulty
15. Birthplace West Liberty (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs Bert Reynolds
(b) Address West Liberty Ia
17. (a) Dec. 8, 1940 (~~Burial, cremation~~ or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ West Liberty, Iowa
18. (a) Signature of funeral director Raymond A. Davis
(b) Address 813 Custer Trenton Mo
19. (a) 12-9-40 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8th year 1940 hour 4 minute P M.
21. I hereby certify that I attended the deceased from Dec 7, 1940, to Dec 8, 1940 that I last saw him alive on Dec 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration Since May 1940
Due to Coronary Sclerosis — Same
Due to
Other conditions (Include pregnancy within 3 months of death) 94 B
Major findings:
Of operations
Of autopsy

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? 300 (Specify type of place)
While at work? (e) Means of injury

23. Signature O R Rooks (M. D. ~~or other~~)
Address 903 1/2 Main Trenton Mo Date signed 12/8/40

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1942

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 Robert B. Davis, Registered Apprentice No. 212 working under my personal supervision.

Signed Clifford Oberg

Licensed Embalmer No. 3423

P. O. Address Trenton Mo

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

If this body is not embalmed, fact should be so stated above.