

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12351

State File No. \_\_\_\_\_

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural - Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hospital # 3 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 mos - 8 days  
(Specify whether  
In this community 3 mos - 8 days (Specify whether  
years, months or days)

8. (a) PRINT FULL NAME Marion C. Reynolds

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex M. D. 5. Color or race W. 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Sarah George 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased: Nov. 30 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>27</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Madison Reynolds

13. Birthplace Ind or Penn  
(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 Charles Reynolds (son)

(b) Address Magnolia, Mo.

17. (a) Burial (b) Date thereof Feb. 28, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Section No.

18. (a) Signature of funeral director W. H. ...

(b) Address Section No.

19. (a) 3-14-41 (b) Allen V. Hays  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(d) State Missouri (b) County Johnson  
(c) City or town Magnolia  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26  
year 1941 hour 4:45 minute 9 M.

21. I hereby certify that I attended the deceased from Nov. 9 1940  
to Feb. 26 1941; that I last saw him alive on Feb. 26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Degenerative Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Senility  
(Include pregnancy within 3 months of death)

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?  
705  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wm. H. Potter (M. D. or other) Ph.D.

Address Nevada, Mo. Date signed 2-26-41

Duration Many years  
Years 13 1/2  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 4-41-627

Date Filed 4-8-41

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

Ma, Registered Apprentice No. 3377  
working under my personal supervision.

Signed J. R. Brunninger  
Licensed Embalmer No. 3377  
P. O. Address Leicester, Ma

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.