

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27540

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3198

830

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson, Mo.

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Reynolds, Wallace

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W.M.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 18 1941
(Month) (Day) (Year)

8. AGE: Years 17 Months 0 Days 5 hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business _____

12. Name Ray Reynolds

13. Birthplace Woodbine Iowa
(City, town or county) (State or foreign country)

14. Maiden name Erica Mathena

15. Birthplace Missouri Valley Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Reynolds

(b) Address 216 E. Sea, Deep mo.

17. (a) Burial (b) Date thereof Aug 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodbine Iowa

18. (a) Signature of funeral director Erica Mathena

(b) Address Independence, Mo.

19. (a) 8/20/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 216 East Sea Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1941 hour 6 minute 02 P.

21. I hereby certify that I attended the deceased from January 1940 to Aug. 23 - 1941 that I last saw him alive on 8/20/41 and that death occurred on the date and hour stated above.

Immediate cause of death: Right Hydro Nephrosis

Due to Stricture Lower Right Ureter years _____

Other conditions: Diabetes years _____
(Include pregnancy within 3 months of death)

Major findings: 61

Of operations _____

Of autopsy above findings

Duration _____ years

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? _____

23. Signature M. M. Brown (M. D. or other) MD
Address IC mo Date signed 8/20/41

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Colonel H. Speaks

Licensed Embalmer No.

3604

P. O. Address

Independence

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, fact should be so stated above.