

FILED FEB 19 1942
Registration District No. _____

Primary Registration District No. 5440

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Rural S. Campbell
(c) Name of hospital or institution: Route # 9 Campbell Township
(d) Length of stay: In hospital or institution _____
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Rural Campbell Township
(d) Street No. Route # 9
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Zeb Reynolds
(b) If veteran, name war no (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 25
year 1942 hour 8 minute 0 P. M.

4. Sex Male 5. Color or race White
6. (b) Name of husband or wife Lillie Jane Reynolds
7. Birth date of deceased Oct. 20 1870

21. I hereby certify that I attended the deceased from 1/15 1942 to 1/25 1942
that I last saw him alive on 1/18 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 3 Days 5 If less than one day hr. min.

Immediate cause of death Diabetes Mellitus
Duration 10 yrs

9. Birthplace Unknown Missouri
10. Usual occupation Retired
11. Industry or business _____

Due to _____
Due to _____
Other conditions _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name James M. Reynolds
13. Birthplace Unknown Tennessee
14. Maiden name Elizabeth Shipley
15. Birthplace Unknown Tennessee

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mrs. Daisie Wilson
(b) Address Springfield, Mo.
17. (a) Burial (b) Date thereof 1/27/42
(c) Place: burial or cremation Eastlawn
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 1-27-42 (b) H. W. S. Handberg

While at work? _____ (e) Means of injury _____
23. Signature Dr. Fitch (M. D. or other) M.D.
Address Springfield, Mo. Date signed 1/26/42

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

9
6
0

MOTHER FATHER

784

1

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

Signed *L. Doolin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield mo*

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.