

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin City
(c) Name of hospital or institution: 102 Oliver
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 years
In this community 42 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED: 77
(a) State Missouri (b) County Jasper 2
(c) City or town Joplin 5
(If outside city or town limits, write "RURAL")
(d) Street No. 102 Oliver
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Ella E. Reynolds
3. (b) If veteran, * * * name war _____
3. (c) Social Security No. * * * _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 11
year 1942 hour 6 minute 15 a.m.

4. Sex Fem 5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Congraw Reynolds
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 16 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 10, 1941, to Jan 11, 1942.
that I last saw her alive on Jan 10, 1942,
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>7</u>	<u>24</u>	hr. _____ min.

Immediate cause of death: Chr. cardio-vascular disease, Generalized arterio-sclerosis and degenerative myocarditis 2 yrs
Due to _____
Due to all

9. Birthplace Andrew County 0 Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business home duties

Other conditions none
(Include pregnancy within 3 months of death) 93d
Major findings: none
Of operations _____
Of autopsy none

MOTHER FATHER {
12. Name Thomas L. Payne
13. Birthplace S. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Riley
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? _____

16. (a) Informant Ralph Reynolds
(b) Address Joplin, Mo.
17. (a) Burial (b) Date thereof 1/13/42
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem.

While at work? _____ (Specify type of place)
Of means of injury _____
23. Signature Thomas A. Laforet (M. D. MD)
Address 667 Main Joplin Mo Date signed 1/12-42

18. (a) Signature of funeral director Hurlbut Und Co.
(b) Address Joplin Mo.
19. (a) 1-13-42 (b) W. B. James
(Date received local registrar) (Registrar's signature)

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

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address. Jefferson

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.