

FILED FEB 6 4 1942

Primary Registration District No. 4277

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Odessa Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
309 South 2nd St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 40 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED: 54

(a) State Missouri (b) County Lafayette

(c) City or town Odessa 0
(If outside city or town limit, write "RURAL")

(d) Street No. 309 South 2nd St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Albert Reynolds

8. (b) If veteran, name war _____

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1942 hour 4 PM minute _____ M.

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

4. Sex Male 5. Color or race White 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: Oct 24 1978
(Month) (Day) (Year)

Immediate cause of death Myocardial
Degeneration

Due to	Duration
Due to _____	_____
Due to _____	_____
Other conditions _____ <small>(Include pregnancy within 3 months of death)</small>	_____

8. AGE: Years Months Days If less than one day

<u>63</u>	<u>2</u>	<u>27</u>	hr. _____ min.
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9. Birthplace Lexington 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Night watch

Major findings:
Of operations _____

Of autopsy Myocardial degeneration

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name John Reynolds

13. Birthplace Concord 1 Va
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Bumgarner

15. Birthplace Cape Springs 1 Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. W. Graham

(b) Address Odessa Mo

17. (a) Burial (b) Date thereof 1-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hebron

18. (a) Signature of funeral director Blumhardt Bros

(b) Address Odessa Mo

19. (a) Jan 31-1942 (b) Mrs. W. Baker
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature M. W. Baker (St. D. or other) U

Address Odessa Mo Date signed 1-23-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-5-42.....

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 Horace Blunier
Licensed Embalmer No. 2758
P. O. Address Albany 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, above space should be left blank.