

FILED FEB 16 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 5712

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Rural Johnson Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 60  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon  
(c) City or town Rural  
(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.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Homer E. McReynolds

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 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 April 28-1881  
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lewis Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Joseph McReynolds

13. Birthplace Lewis Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Neurep

15. Birthplace Way Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Addie Polison

(b) Address La Plata Mo

17. (a) Rural (b) Date there Jan 30-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilson Twp

18. (a) Signature of funeral director D. S. Christie

(b) Address La Plata Mo

19. (a) Jan 30, 1942 (b) Ala B. Webber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
year 1942 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 16, 1942 to Jan 28, 1942  
that I last saw him alive on Jan 27, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Hypertension

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations g3a  
Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

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

23. Signature H. O. Newton (M. D. or other) \_\_\_\_\_

Address La Plata Mo Date signed 1/29/42

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

MOTHER FATHER

APR 13 1948

RECEIVED

District Health Officer No. 10

District File Number 2-42-256

Date Filed FEB 12 1942

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 D. S. Christie

Licensed Embalmer No. 1129

P. O. Address Lakota, Md

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.