

FILED MAR 14 1942
Registration District No. _____

Primary Registration District No. 200

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County. Adair

(b) City or town. Rural - Wilson

(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. 64 years, months or days

3. (a) PRINT FULL NAME Hugh Joseph McReynolds

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Allie K McReynolds 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 17 - 1877
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|------|----------------------|
| | <u>64</u> | <u>10</u> | | hr. _____ min. |

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Joseph McReynolds

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

14. Maiden name Marjorie Hays

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

16. (a) Informant Forest C McReynolds

(b) Address Macon Mo Route 3

17. (a) Burial (b) Date thereof Feb 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilson Town

18. (a) Signature of funeral director J. S. Church

(b) Address Lakota Mo

19. (a) Feb 19 1942 (b) Mr. J. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town R.F.D. La Plata
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17.
year 1942 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death A. Certain myocardial infarction from hypertension

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Feb. 17 - 1942

(c) Where did injury occur? at home
(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 W. C. Summer (M. D. or other)

Address Richville Mo Date signed 2-27-42

APR 1 3 1948

RECEIVED

District Health Officer No. 10

District File Number 10-42-406

Date Filed MAR 1 1 1948

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. 1109

P. O. Address LaPlata, 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.