No. 2
-1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

Registration District No. 3 72

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7191

Primary Registration District No. 5679

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
3½ miles N.W. Mooresville, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 70 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3½ miles N.W. Mooresville
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Madalene P. Reynolds

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Noah L. Reynolds

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 4 (Day) 1855 (Year)

8. AGE: Years 86 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Carroll County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Michael Tomlin
13. Birthplace Unknown (City, town, or county) / Tennessee (State or foreign country)

MOTHER
14. Maiden name Liza Cook
15. Birthplace Unknown (City, town, or county) / Tennessee (State or foreign country)

16. (a) Informant N. E. Reynolds
(b) Address Breckenridge, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-'42 (Month) (Day) (Year)

(c) Place: burial or cremation Gaunt Cem.

18. (a) Signature of funeral director F. B. Norman Funeral Home
(b) Address Chillicothe, Missouri.

19. (a) 2/7/42 (Date received by local registrar) (b) Goola Romeiser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1942 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 2, 1942, to Feb. 4, 1942; that I last saw h. alive on Feb. 3-1942, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	3 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Myocarditis	5 years

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

23. Signature J. Collier (M. D. ~~or other~~)
Address Chillicothe, Mo Date signed 2/5/1942

1003

(Licensed Embalmer's Statement ~~on Reverse Side~~)

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

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.