

S. No. 2
1-1-441
7. 5-17-39
901 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10310

State File No. 55

Registrar's No. 398

Registration District No. _____

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
509 N. 29th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 509 N. 29th St.
(If rural, give location)

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

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

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Chas. H. Reynolds

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

7. Birth date of deceased July 19 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Cyrus Porter

13. Birthplace Pleasantville Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Wolf

15. Birthplace Atchison Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John L. Knapp

(b) Address 509 N. 29th St. St. Joseph, Mo.

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

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 4-16-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1942 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from June 4 to Feb. 15
er Feb. 15
that I last saw h. _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction -
Pleurisy

Duration _____

Due to _____

Other conditions Arteriosclerosis, Hypertension
(Include pregnancy within 3 months of death) of heart.

Major findings:
Of operations _____

Of autopsy 92 lb

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 _____ (Specify type of place)
Means of injury _____

23. Signature Frank H. Hagedorn (M. D. or other)
Address 620 Francis Date signed 4/17/42

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

011
1
7

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..... *Albert C. Harrington*
Licensed Embalmer No. *3258*
P. O. Address..... *St. Joseph, 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.