

Registration District No. 1012

Primary Registration District No. 3007

Registrar's No. 103

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

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day  
(Specify whether years, months or days)

In this community: one year

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler

(c) City or town: R#1 Broseley  
(If outside city or town limits, write "RURAL")

(d) Street No.: R#1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: /

3. (a) PRINT FULL NAME: Cecil Allen Reynolds

3. (b) If veteran, name war: /

3. (c) Social Security No.: /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1942 hour 12:00 - minute noon

21. I hereby certify that I attended the deceased from March 24, 1942, to March 25, 1942  
that I last saw him alive on March 25, 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: May 22, 1930  
(Month) (Day) (Year)

Immediate cause of death: Head injury with subdural hemorrhage

Due to: 1860s

Other conditions: ② Epilepsy 10 yrs  
(Include pregnancy within 3 months of death)

③ Terminal pulmonary edema

8. AGE:	Years	Months	Days	If less than one day
	<u>11</u>	<u>10</u>	<u>3</u>	hr. min.

Due to: 1860s

Other conditions: ② Epilepsy 10 yrs  
(Include pregnancy within 3 months of death)

③ Terminal pulmonary edema

PHYSICIAN: /

Underline the cause to which death should be charged statistically.

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

10. Usual occupation: /

11. Industry or business: /

12. Name: Joseph A. Reynolds

13. Birthplace: Whitley Co., Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name: Delores Maddox

15. Birthplace: Essex Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Joseph A Reynolds

(b) Address: R#1 Broseley Mo.

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

(c) Place: burial or cremation: Barker Cemetery

18. (a) Signature of funeral director: Watkins Funeral Home

(b) Address: Dexter Missouri

19. (a) 3-26-42 (b) Belle Stennel  
(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): Accident

(b) Date of occurrence: 3-19-42 012

(c) Where did injury occur?: Broseley Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Yes - Boy fell on head from wagon  
(Specify type of place) (e) Means of injury

23. Signature: C. Porter (M. D. or other) /

Address: Poplar Bluff Mo. Date signed: 3-25-42

RECEIVED

District Health Office No. 2,

District File Number 442-519

Date Filed 4-13-42

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**