

Registration District No. 11 **FILE JUN 10 1942**

Primary Registration District No. 2002

1. PLACE OF DEATH: **Jasper**  
(a) County **Jasper**  
(b) City or town **Joplin Mo.**  
(c) Name of hospital or institution: **408 E. 8th St;**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 years**  
In this community **5 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **408 E. 8th St**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **No**

3. (a) PRINT FULL NAME **Julia I Reynolds**  
(b) If veteran, name war **No**  
(c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **9**  
year **1942** hour **7:50** minute **P** M.

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

21. I hereby certify that I attended the deceased from **10** to **19**  
that I last saw **Did not see her alive** alive on **19**  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **Robert F. Reynolds**  
6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **Aug. 25, 1894**  
(Month) (Day) (Year)

Immediate cause of death **Coronary occlusion**  
**Hypertensive heart condition**

8. AGE: Years **47** Months **8** Days **14**  
If less than one day hr. min.

Due to **g4a**

9. Birthplace **Mound Valley Kansas**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **housewife**

Major findings: Of operations

11. Industry or business

12. Name **Melton**

13. Birthplace **no record**  
(City, town, or county) (State or foreign country)

14. Maiden name **no record**

15. Birthplace **no record**  
(City, town, or county) (State or foreign country)

16. (a) -Institution **Robert F. Reynolds**  
(b) Address **408 E. 8th St; Joplin Mo.**

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof **5-13-42**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Mound Valley Kansas**

18. (a) Signature of funeral director **Chas W. Williams**  
(b) Address **Goodman Mo.**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

19. (a) **5-11-42** (Date received local registrar) (b) **Heintzsch Indivette** (Registrar's signature)

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? **3**  
While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Arthur W. Williams** (M. D. or other) \_\_\_\_\_  
Address **Carthage Mo.** Date signed **May 10 1942**

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

79  
33

42-5-442

**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..... *Perryt Hurlbut* .....  
Licensed Embalmer No..... *959* .....  
P. O. Address..... *Spaulding* .....

**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.**