

FILED NOV 14 1942

Registration District No. 11

Primary Registration District No. 4024

State File No. _____

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(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 13 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry
(c) City or town Cassville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LUVIGIA REVES REYNOLDS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married 2 divorced Widowed
6. (b) Name of husband or wife W. A. Reynolds 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 1 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 21 If less than one day: _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Reeves
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Lizzie Solomon
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Reed
(b) Address Cassville, Mo. 1st St.

17. (a) Burial (b) Date thereof 10 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mineral Springs

18. (a) Signature of funeral director W. P. Hood
(b) Address Cassville

19. (a) Oct 24 - 1942 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22nd
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 22, 1942 to Oct. 22, 1942
that I last saw him alive on Oct. 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to High blood pressure

Due to Chronic Nephritis

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

Major findings: Of operations _____ Of autopsy _____

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 _____ Means of injury _____

23. Signature Helen H. Baker (M. D. or other) _____
Address Cassville, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5-0

RECEIVED

District Health Officer No. 6,

District File Number 1142-1601

Date Filed NOV 12 1942

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

John E. Myers

Licensed Embalmer No. 3220

P. O. Address

Cassville, 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.