

FILED NOV 4 1942

Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 229

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Victory Club, No. 3 Tracks and Vine St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME William Lendon Reynolds

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-22-2985

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 Aug. 4 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 2 16 hr. _____ min.

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

10. Usual occupation Plumber

11. Industry or business _____

12. Name William Reynolds

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

14. Maiden name Betty Smith

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Smith

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof 10-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Missouri

19. (a) 10-23-42 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death:
Verdict of Coroners Jury
"Death by gun shot wound fired
by Sam Coy"

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 166

Major findings:
Of operations _____

Of autopsy none

Duration

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) Homicide
(b) Date of occurrence 10-20-42
(c) Where did injury occur Poplar Bluff Butler Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? no (Specify type of place) (e) Means of injury gun shot

23. Signature Agnes M. Greer Coroner
Address Poplar Bluff, Mo. Date signed 10/23/42

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

JAN 13 1942

RECEIVED
District Health Office No. 2,
District File Number 11-2-1352
Date Filed 11-2-42

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 Wallace M. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.