

FILED DEC 12 1942

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 374

Primary Registration District No. 4547

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Worth
(b) City or town Grant City, Missouri
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 4 months
years, months or days)

3. (a) PRINT FULL NAME ALONZO LYMAN REYNOLDS

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

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

6. (b) Name of husband or wife Mary Ella Reynolds 6. (c) Age of husband or wife if

7. Birth date of deceased Nov 15 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Alonzo Lyman Reynolds

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

14. Maiden name Mary Ella Reynolds

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

16. (a) Informant Mary Ella Reynolds

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof 11-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackton Cem.

18. (a) Signature of funeral director John C. Simple

(b) Address Grant City, Mo.

19. (a) Nov 10, 1942 (b) Adeline Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Worth
(c) City or town Grant City, Mo.
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1942 hour 4 minute 12 P.M.

21. I hereby certify that I attended the deceased from Nov-1-

1942 to Nov 7 1942
that I last saw him alive on Nov 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 7 days

Due to _____

Due to _____

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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature John C. Simple (M. D. or other)

Address Grant City, Mo. Date signed Nov 10, 1942

(Licensed Embalmer's Statement on Reverse Side)

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

113
1
0

113
1
0

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.....

Arch C. Dunfee

Licensed Embalmer No. *3232*

P. O. Address.....

Grant City, 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.