DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41040

State File No.

FILED JAN 15 1945

Registration District No. 1945

Primary Registration District No. 3127

Registrar's No. 93

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1101 Mineral St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 4 months

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Webb City,
(If outside city or town limits, write "RURAL")

(d) Street No.: 1101 Mineral
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: John W. McReynolds

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mable McReynolds

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Feb. (Month) 2 (Day) 1862 (Year)

8. AGE: Years 80 | Months 10 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace: Kokomo, (City, town, or county) Ind. (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: Farm

MOTHER FATHER

12. Name: John W. McReynolds

13. Birthplace: No Data (City, town, or county) Kentucky (State or foreign country)

14. Maiden name: Hannah Ratcliff

15. Birthplace: No Data (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant's own signature: Mable McReynolds

(b) Address: Webb City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/26/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Webb City Cemetery

18. (a) Signature of funeral director: Hedge-Nelson

(b) Address: Webb City, Missouri

19. (a) Dec. 26, 1942 (Date received local registrar) (b) Mrs Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23 year 1942 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from Dec 6, 1942 to Dec 22, 1942 that I last saw him alive on Dec 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	2 weeks
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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)

(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?

(e) Means of injury

23. Signature: W. M. Stormont (M. D. or other)

Address: Webb City Mo. Date signed 12/28/42

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 I X19311

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

42-12-1048

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. 2859

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, above space should be left blank.