

FILED APR 8 1943  
Registration District No. 324

Primary Registration District No. 3072

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

1. PLACE OF DEATH:

(a) County SALINE  
(b) City or town MARSHALL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Fitzgibbons Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Robert McReynolds

3. (b) If veteran, name war No 3. (c) Social Security No. 500-20-2489

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Lillian McReynolds 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased APRIL 8 1903 (Month) (Day) (Year)

8. AGE: Years 39 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Grand Pass Mo (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business.....

MOTHER FATHER

12. Name Ed McReynolds  
13. Birthplace Grand Pass Mo (City, town, or county) (State or foreign country)  
14. Maiden name Lucie Weddle  
15. Birthplace Grand Pass Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robert McReynolds  
(b) Address MARSHALL Mo  
17. (a) BURIAL (b) Date thereof MARCH 21 1943 (Month) (Day) (Year)  
(c) Place: burial or cremation Union Cem  
18. (a) Signature of funeral director Don SHORT  
(b) Address MARSHALL Mo  
19. (a) 3-19-43 (b) Wm T O Westmark (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18 year 1943 hour 3 minute 35 P.M.

21. I hereby certify that I attended the decedent from July 4 to March 18 1943  
that I last saw him alive on March 17 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration 6 Wks

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?

While at work (Specify type of place) (c) Means of injury.....  
3. Signature: [Signature] (M. D. or other) Date signed 3/19/43  
Address: [Address]

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 4-7-43

APR 10 1957

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall Md

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.