

S. No. 2
M-2-43
5-17-39

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

0-129
4/6/43

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14809

State File No. _____

FILED MAY 6 1943

Registrar's No. 6

Registration District No. 192

Primary Registration District No. 5707

1. PLACE OF DEATH:

(a) County MCDona'd

(b) City or town Rura' MCHillen, MISS.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Andersen MO, R # I
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Ten Yrs, (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MCDona'd

(c) City or town Rura'
(If outside city or town limits, write "RURAL")

(d) Street No. Andersen MO R # I
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joe Syer Reynolds

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 Mary Reynolds 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Nov, 24 1896
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
46	5	3	hr. _____ min.

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

10. Usual occupation Minister Of The Gospel

11. Industry or business _____

MOTHER FATHER { 12. Name John Reynolds

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

{ 14. Maiden name Julia Upton

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

16. (a) Informant Mary Reynolds
(b) Address Andersen MO, R # I.

17. (a) Burial (b) Date thereof 4-29-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami Okla.

18. (a) Signature of funeral director Chas W. Williams
(b) Address Goodman Mo

19. (a) 4-25-43 (b) Virginia Buck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1943 hour 10 minute 0,4 M.

21. I hereby certify that I attended the deceased from Feb 1 1943 to Apr 26 1943
that I last saw him alive on Apr 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to _____

Due to _____

Other conditions 13 ft
(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 C. D. James (M. D. or other) _____
Address Goodman Mo Date signed 4/28/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1324

(Licensed Embalmer's Statement on Reverse Side)

MAY 6 1948

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.....

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, fact should be so stated above.