

FILED MAY 27 1942

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 564

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Methodist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
 (Specify whether
 In this community 30 Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town 3504 Sacramento St. Joseph
 (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 Sam Lawson Reynolds
 3. (b) If veteran, name war World War # 1
 3. (c) Social Security No. 487-07-9944

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 1 year 1943 hour 11 minute 30 P M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Myrtle Reynolds
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 12 1893
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 26 1943 to May 3 1943 that I last saw him alive on May 2 1943 and that death occurred on the date and hour stated above.
 Immediate cause of death
Obstruction of the bowels
Paralytic illness

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>10</u>	<u>21</u>	_____ hr. _____ min.

Due to _____
 Due to _____

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

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation Mechanic, Terminal
 11. Industry or business Warehouses

Major findings: Of operations None
 Of autopsy None

MOTHER FATHER
 12. Name William Reynolds
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Reynolds
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

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) Means of injury _____

16. (a) Informant Mrs Myrtle Reynolds
 (b) Address 3504 Sacramento St.
 17. (a) Burial (b) Date thereof 5-6-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery
 18. (a) Signature of funeral director Fleeman & Son Inc.
 (b) Address 1946 Colhoun St.
 19. (a) 5-6-43 (b) Rae Herzog
 (Date received local registrar) (Registrar's signature)

23. Signature John J. Dwyer (M. D. or other)
 Address _____ Date signed 5-6-43

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

MAY 28 1943

JUN 1 1943

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 *Robert H. Gypke*

Licensed Embalmer No. *3308*

P. O. Address *St. Joseph, 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.