

FILED JUL 27 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 763

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 7 days (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town Agency Mo  
(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 EDWARD W. 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 Emily Reynolds 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased april 17, 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Hugh Reynolds

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

14. Maiden name Martha Newhouse

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

16. (a) Informant Mrs Emily Reynolds

(b) Address Agency Mo

17. (a) Burial (b) Date thereof July 9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Agency Cem.

18. (a) Signature of funeral director H. A. Sullens

(b) Address Gower Mo

19. (a) 7-9843 (b) Roe Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1943 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 25 1943 to July 7 1943  
that I last saw him alive on July 6 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 15 days

Due to Arteriosclerosis

Due to Hypertension over 15 days

Other conditions Chronic Pt. Int.  
(Include pregnancy within 5 months of death)

Major findings: of operations PHYSICIAN \_\_\_\_\_

Of autopsy \_\_\_\_\_ 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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 218 27th St. Mo Date signed 7/9/43

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

JUL 28 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 H. A. Sullivan

Licensed Embalmer No. 1738

P. O. Address Gower 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.**