S. No. 2
M—9-4-41
5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24779

State File No.

FILED JUL 19 1943

Registration District No. 94

Primary Registration District No. 5343

Registrar's No.

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

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1. PLACE OF DEATH:

(a) County: Dade

(b) City or town: Rural; North Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1¼ Miles E. of Arcola
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 1¼ M. E. of Arcola
(If rural, give location)

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

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3. (a) PRINT FULL NAME: ADOLPHUS FERNANDO REYNOLDS

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Emily S.

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

7. Birth date of deceased: April (Month) 4 (Day) 1868 (Year)

8. AGE: Years 75 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: Agriculture

FATHER
12. Name: Steve Reynolds
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: No Record
15. Birthplace: No record (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Emily S. Reynolds
(b) Address: Arcola, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Omer Cemetery

18. (a) Signature of funeral director: Ward Funeral Home
(b) Address: Greenfield, Missouri.

19. (a) 6-23-43 (Date received local registrar) (b) Kyle Riley (Registrar's signature)

1343 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1943 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 7, 19 43, to June 14, 19 43
that I last saw him alive on June 7, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, chronic — Duration 3/7/42

Due to: Arteriosclerosis Hen — 1932

Due to:

Other conditions (Include pregnancy within 3 months of death): 93d

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) (e) Means of injury

23. Signature: J. W. Shannon (M.D. or other) D.O.
Address: Greenfield, Mo. Date signed: June 17, 43

RECEIVED
District Health Officer No. 6,
District File Number 743-863
Date Filed JUL 16 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 Lane E. Sweeney Jr.

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.