

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25950

FILED AUG 6 1943 16

Primary Registration District No. 3059

Registrar's No. 106

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
318 Ward 1
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether years, months or days) _____

3. (a) PRINT FULL NAME WALTER WILLIAM REYNOLDS

3. (b) If veteran, name war ✓

3. (c) Social Security No. 702-16-6513

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 10 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business TRP. Engineer

12. Name James Reynolds

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

14. Maiden name Martha Moody

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

16. (a) Informant Mrs W W Reynolds

(b) Address 318 Ward Bonne Terre Mo

17. (a) Burial (b) Date thereof 7-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre Cemetery

18. (a) Signature of funeral director Bertram Hub Co

(b) Address 318 Bertram Bonne Terre

19. (a) July 27-1943 (b) Byrdie Burmester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 318 Ward
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 th
year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 15 1938 to July 14 1943
that I last saw him alive on July 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

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? _____
(Specify type of place) (a) Means of injury _____

23. Signature Geo. H. Watkins (M. D. or other)

Address Farmington Mo Date signed 7-22-43

Duration 1 wk.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1196

RECEIVED

District Health Officer No. 4
District File Number 84-3-2428
Date Filed 8-5-43

WASH. STATE HEALTH DEPT.

NOV 4 1954

DEC 8 1954

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 Clarence J. Daywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre, 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.