

**FILED SEP 9 1943**  
Registration District No. **253**

Primary Registration District No. **4384**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Nodaway**  
(b) City or town **Skidmore**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **William Green Reynolds**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **Hallie R. Reynolds** 6. (c) Age of husband or wife if alive **57** years  
7. Birth date of deceased **Sept - 11 - 1887**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **11** Days **10** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Owner of drug store**

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

12. Name **Noah Lennox Reynolds**

13. Birthplace **Livingston, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Madeline Tomlin**

15. Birthplace **Carroll Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hallie R. Reynolds**

(b) Address **Skidmore Mo.**

17. (a) **Burial** (b) Date thereof **8-23-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Skidmore Mo.**

18. (a) Signature of funeral director **Campbell Funeral Home**

(b) Address **Manville Mo.**

19. (a) **Aug 25-43** (b) **Mrs Ralph Scott**  
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**  
(c) City or town **Skidmore**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **21**  
year **1943** hour **12** minute **06 A.M.**

21. I hereby certify that I attended the deceased from **Aug. 15** 19**43**, to **Aug. 21**, 19**43**  
that I last saw him alive on **August 21**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** Duration **5 da.**

Due to **Chronic Myocarditis** ?

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 **H. B. Button** (M. D. or other) **DO**

Address **Skidmore, Mo.** Date signed **8/21/43**

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

MOTHER FATHER

1227

**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 William Campbell

Licensed Embalmer No. 2620

P. O. Address: Marionville 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.**