S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32270

Registration District No. 274 — Primary Registration District No. 5851 — Registrar's No. 289

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia, Missouri (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural / Sedalia Twp
(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)
In this community: Unknown

2. USUAL RESIDENCE OF DECEASED: 999
(a) State: Texas (b) County: Unknown
(c) City or town: Handley 11
(If outside city or town limits, write "RURAL")
(d) Street No.: None 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: — —

3. (a) PRINT FULL NAME: Cpl. Emmett W. Reynolds A.S.N. 18217918

3. (b) If veteran, name war: World War #2

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: — —

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

7. Birth date of deceased: Aug. 19, 1923 (Month) (Day) (Year)

8. AGE: Years 20 | Months 0 | Days 17 | If less than one day: — hr. — min.

9. Birthplace: Arlington, Texas / (City, town, or county) (State or foreign country)

10. Usual occupation: Soldier

11. Industry or business: U. S. Army

FATHER
12. Name: Bert Reynolds
13. Birthplace: Bowling Green, Kentucky / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Caroline Reynolds
15. Birthplace: Arlington, Texas / (City, town, or county) (State or foreign country)

16. (a) Informant: Army Records
(b) Address: — — —

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Handley Texas

18. (a) Signature of funeral director: Gillespie Funeral Home
(b) Address: Sedalia

19. (a) 9/8/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 5th year: 1943 hour: 11:00 minute: P. M.

21. I hereby certify that I attended the deceased from: Never, 19__, to: Never, 19__; that I last saw him alive on: Never, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Skull fracture, complete, compound. — Duration: Died instantly

Due to: 1738 34

Due to:

Other conditions: Multiple fractures of extremities
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None performed
Of autopsy: None performed

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): Airplane Accident
(b) Date of occurrence: 11:00 P.M. Sept. 5, 1943
(c) Where did injury occur: (Rural) Sedalia, Pettis, Mo. 080
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? During aircraft flight.
(Specify type of place)
While at work? Yes (e) Means of injury: Plane crash

23. Signature: Major Carl T. Young (M.D. or other) M.C.
Address: Sedalia Army Air Field Date signed: 9/7/43
Warrensburg, Missouri

102 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-12-43

SEP 25 1944

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 Geo Dillard
Licensed Embalmer No. 3868
P. O. Address Sedalia 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.