

FILED JAN 14 1944

Registration District No. 756

Primary Registration District No. 2001

Registrar's No. 718

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1823 Grand ST, Joplin MO.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Months
(Specify whether years, months or days)
In this community 7 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Goodman 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 Mary Reynolds

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 5th, 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 25
If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER, FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Lively

(b) Address Goodman MO.

17. (a) Burial (b) Date thereof 1-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodman MO.

18. (a) Signature of funeral director Charles Williams

(b) Address Goodman MO.

19. (a) 1-3-43 (b) John S. Sudhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 30, 1942 to Dec 30, 1943
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to Hypertension

Other conditions g3a1
(Include pregnancy within 3 months of death)

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 Ed James (M. D. or other) DO
Address Goodman Mo. Date signed 1/1/44

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

43-12-1101

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 *Mariella Prickett*
Licensed Embalmer No. *4166*
P. O. Address *Goodman 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.