

FILED MAY 7 1944

Registration District No. 7

Primary Registration District No. 3012

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay  
(c) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 302 Kansas City Blvd  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Russell Reynolds

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

4. Sex male 5. Color or race w 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 Mar 12 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 1 2 hr. \_\_\_\_\_ min.

9. Birthplace Excelsior Springs Mo - (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation School Owner & Keeper

11. Industry or business

MOTHER FATHER  
12. Name John Reynolds  
13. Birthplace Excelsior Springs Mo - (1)  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Morgan  
15. Birthplace Clay Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John Reynolds  
(b) Address Excelsior Springs, Mo.

17. (a) Buried (b) Date thereof 4-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Clarence P. Mahony  
(b) Address Excelsior Springs, Mo.

19. (a) 4-16-44 (b) Mrs. Sadie Rodman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1944 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 14 1944 to April 14 1944  
that I last saw him alive on April 14 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage, producing cerebral hemorrhage.

Duration 4-14-44

Due to \_\_\_\_\_  
Due to Hypertension, uncertain

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy no

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) 0  
(b) Date of occurrence 0  
(c) Where did injury occur? 0  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0 (Specify type of place)  
(c) Means of injury 0  
23. Signature J. M. Craker (M. D. or other) MD  
Address Excelsior Springs Mo Date signed 4/15/44

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

RECEIVED

District Health Officer No. 8

District File Number \_\_\_\_\_  
Date Filed 5-4-44

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 Carl Rapp.....

Licensed Embalmer No. 3458

P. O. Address Ex. Spgs. 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.