S. No. 2
—1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 24 1944

Registration District No. 337

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19330

Primary Registration District No. 6189

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Dickens, Mo. Swan Ill

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney

(c) City or town Dickens "Rural"

(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 — O

3. (a) PRINT FULL NAME Jasper Newton Reynolds

3. (b) If veteran, name war "None"

3. (c) Social Security No. "None"

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rittia

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased October (Month) 14, (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	6	15	..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business None

FATHER
12. Name John Jackson Reynolds
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Hopper
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rittia Reynolds

(b) Address Dickens, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation Taneyville Cemetery

18. (a) Signature of funeral director Roeen Funeral Home

(b) Address Chinnville, Mo.

19. (a) 5/3/44 (Date received local registrar) (b) Louise Forsyth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1944 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death .....

Due to .....

Due to Senility

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

Major findings:
Of operations .....

Of autopsy .....

Duration

162 b

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature S. E. Arnold (M. D. or other)

Address Coroner Far Taney County Mo. Date signed 5/3/44

(Licensed Embalmer's Statement on Reverse Side)

1376

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 Lawrence R. Hall

Licensed Embalmer No. 27 P 4

P. O. Address Farmington Me.

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.