

FILED SEP 12 1944

Registration District No. 276

Primary Registration District No. 4410

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

1. PLACE OF DEATH:  
 (a) County Phelps  
 (b) City or town St James  
 (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 \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Phelps  
 (c) City or town St James  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Edward M. Reynolds  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month 8 day 12  
 year 1944 hour 7:30 minute 0 P. M.

4. Sex M 5. Color or race O  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Jeda 6. (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased 8 (Month) 2 (Day) 1868 (Year)

21. I hereby certify that I attended the deceased from 1944, 19\_\_\_\_, to 1944, 19\_\_\_\_;  
 that I last saw him alive on Aug 8, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months - Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Embolus  
Septic Prostatitis  
 Duration 1 day

9. Birthplace Gassman Co Mo  
 (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

10. Usual occupation Farmer

Other conditions (Include present within 3 months of death) 94a

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

Major findings: Of operations \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph R. Reynolds

Of autopsy \_\_\_\_\_

13. Birthplace Va.  
 (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically

14. Maiden name Nancy Vaughan

15. Birthplace St Louis Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ben Reynolds

(b) Address St James Mo

17. (a) Ben (b) Date thereof 8-13-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Forest Cem

18. (a) Signature of funeral director W E Richtler

(b) Address St James Mo

19. (a) 8-12-1944 (b) Chausseville  
 (Date received local registrar) (Registrar's signature)

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 0

23. Signature W E Richtler (M. D. or other) \_\_\_\_\_

Address St James Mo Date signed 8/12/44

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 (1933)

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**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..... *W. L. Licklider* .....

Licensed Embalmer No. *1970* .....

P. O. Address *St. James, 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, above space should be left blank.**