

FILED SEP 22 1944
128

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 712

1. PLACE OF DEATH:

(a) County: **GREENE**
Springfield
(b) City or town: **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
805 N. Nettleton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **1**
(Specify whether
In this community: **78 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Greene** **39**
(c) City or town: **Springfield** **2**
(If outside city or town limits, write "RURAL") **6**
(d) Street No.: **805 N. Nettleton**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: **Caroline C. Reynolds**

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

4. Sex: **Female** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Widowed**
6. (b) Name of husband or wife: **James S. Reynolds** 6. (c) Age of husband or wife if alive: **Dec. 17, 1859**
7. Birth date of deceased: **Dec. 17, 1859**
(Month) (Day) (Year)

8. AGE: Years **84** Months **8** Days **24** hr. min.
If less than one day

9. Birthplace: **HARRISON ARKANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Home**

11. Industry or business: _____

MOTHER FATHER
12. Name: **Ben Woods**
13. Birthplace: **unk. Arkansas**
(City, town, or county) (State or foreign country)
14. Maiden name: **Unknown**
15. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **J.C. Reynolds**
(b) Address: **Springfield, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **9/13/44**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Clear Creek**
H.H. Lohmeyer

18. (a) Signature of funeral director: _____
(b) Address: **Springfield, Mo.**

19. (a) **9-2-44** (Date received local registrar) (b) **S. W. H. Hurdley** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **Sept.** day: **1**
year: **1944** hour: **10:00** minute: **a.m.**

21. I hereby certify that I attended the deceased from **June 1, 1944** to **Aug 31, 1944**
that I last saw him alive on **July 19, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary & Sacc (Heart & Blurred eye) 340**
Due to: _____
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **none**
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury: **0**
23. Signature: **S. W. H. Hurdley** (M. D. or other) _____
Address: **Springfield** Date signed: _____

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

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.....

Walter E. Jamelle

Licensed Embalmer No.....

3808

P. O. Address.....

Springfield 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.

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