

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31578  
Registrar's No. 196

FILED OCT 11 1944  
Registration District No. 271

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: McCormick Hospital 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_

In this community since September 1, 1944 (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Franklin Reynolds

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

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Sarah S. Reynolds 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 21 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days  
62 7 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Macon County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

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

MOTHER FATHER { 12. Name John Daniel Reynolds

{ 13. Birthplace Macon County Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Minnie Surber

{ 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Elbert Reynolds

(b) Address Clarence, Missouri

17. (a) burial (b) Date thereof 9/18/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodville Cemetery east of Jackson, Mo.

18. (a) Signature of funeral director Wm. L. ...

(b) Address Wm. L. ...

19. (a) 9-29-44 (b) Irma Kahl  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61

(c) City or town College Mound 0  
(If outside city or town limits, write "RURAL")

(d) Street No. rural (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16  
year 1944 hour one minute 5 A.M.

21. I hereby certify that I attended the deceased from Sept 1st 1944 to Sept 16 1944  
that I last saw him alive on Sept 16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage into brain Duration 3 ds

Due to arterio-sclerosis also carcinoma of prostate operated

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of prostate

Of operations \_\_\_\_\_

Of autopsy 51%

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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature W. L. McCormick (M. D. or other) M.D.  
Address Moberly Mo. Date signed 9-16-44

1036

RECEIVED

District Health Officer No. 10

District File Number 10-44-1684

Date Filed OCT 7 1944

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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

Paul J. Patton

Licensed Embalmer No.

4095

P. O. Address

Huntsville, 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.