V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34483

State File No. .....

FILED NOV 13 1944

Registration District No. 136 — Primary Registration District No. 5579 — Registrar's No. 7

1. PLACE OF DEATH:

(a) County ~~Alba.~~ Jasper.

(b) City or town Alba. Jasper Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper 49

(c) City or town Mo. Alba 0
(If outside city or town limits, write "RURAL")

(d) Street No. None. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Marion Elmer Reynolds

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex ~~Female~~ Male 0

5. Color or race W.

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

6. (b) Name of husband or wife Martha Reynolds

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

7. Birth date of deceased Aug. 28. 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	3	..... hr. ..... min.

9. Birthplace Sauer City, Kansas. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner.

11. Industry or business .....

FATHER
12. Name Walter Reynolds.
13. Birthplace Illinois. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Pedrow
15. Birthplace Indiana. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Reynolds
(b) Address Alba Mo.

17. (a) Burial (b) Date thereof 10-3-44.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Purcell Mo.

18. (a) Signature of funeral director Beulah Durnell
(b) Address Picher, Okla.

19. (a) Oct. 3, 1944 (b) Mrs Lillie Lagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2.
year 1944. hour 1. A. M. minute ..... M.

21. I hereby certify that I attended the deceased from March 21 1941, 19..., to Oct 2 - 44, 19...
that I last saw him alive on Oct 1, 44, 19...
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inanition	
Due to Carcinoma of colon	
Due to Carcinoma of liver	3 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46e	
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 2

23. Signature [illegible] (M. D. or other) DD
Address Alba Mo. Date signed 10-2-44

1180

(Licensed Embalmer's Statement on Reverse Side)

44-11-873

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 Johnson H. Durnil

Licensed Embalmer No. Okla 820

P. O. Address Picher Okla

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.