

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6055

FILED MAR 13 1945
Registration District No. 271

Primary Registration District No. 6055

Registrar's No. 37

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Taberville (rural) Taberville
(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) 1
(d) Length of stay: In hospital or institution 4 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edmond Reynolds

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

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Reynolds 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased January 31 1846
(Month) (Day) (Year)

8. AGE: Years 99 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Belfast New York
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name George H. Reynolds

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

14. Maiden name Elizabeth Wadsworth

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

16. (a) Informant Clarence Reynolds

(b) Address Taberville Missouri

17. (a) Removal (b) Date thereof 2-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Kansas

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

(b) Address Osceola Missouri

19. (a) 2-21-45 (b) John W. Helle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cloud 93
(c) City or town Concordia
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1945 hour 12 minute 30 P. M.

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

Immediate cause of death Senility Duration 2

Infirmities of old age
Due to _____

Due to _____

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

Major findings: 162
Of operations _____

Of autopsy _____

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 3

23. Signature James B. Haddock (M.D. or other) 3

Address Osceola Mo Date signed 2-21-45

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1538

(Licensed Embalmer's Statement on Reverse Side)

Carroll P. H. Cain & Co

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

RECEIVED

Dis. Health Officer No. 7,
Dis. Number 2-45-156
Date Filed 2-9-45

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 Firestone

Licensed Embalmer No. 3990

P. O. Address Osceola 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.