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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 9 1945

State File No. 30270

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 278

14
1
2

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

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Fulton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 14
(c) City or town Jefferson City 1 (If outside city or town limits, write "RURAL")
(d) Street No. 922 R E Dunklin Jefferson City 2 No 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARANCE D. REYNOLDS

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

4. Sex male 2
5. Color or race negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 28 (Day) 1911 (Year)

8. AGE:	Years	Months	Days	If less than one day
	34	6	2	hr. min.

9. Birthplace Calloway Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name W J Reynolds
13. Birthplace Cedar City (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Martha Bush
15. Birthplace Fulton (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Rewards State Hospt No 1
(b) Address Fulton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Longview
18. (a) Signature of funeral director Lamm Service
(b) Address 700 Jefferson
19. (a) 9-6-1945 (Date received local registrar) (b) Josie Morsenkopf (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1945 hour 12 minute 40 A.M.
21. I hereby certify that I attended the deceased from Sept 4, 1945, to Sept 6, 1945 that I last saw him alive on Sept 5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Status Epilepticus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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 Trent Thomas (M. D. or other) MD
Address Fulton Mo Date signed 9/6/45

11.4

(Licensed Embalmer's Statement on Reverse Side) A.B.P.

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 10-8-45

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 L. H. Anderson

Licensed Embalmer No. 3641

P. O. Address Jno

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.