

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X38671

40245

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 9 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5274

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1015 E 4 st
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ 30 years (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1015 E 4 st
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME COLUMBUS REYNOLDS

3. (b) If veteran, name war no

3. (c) Social Security No. 487-01-1063

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15 year 1945 hour 9 - 30 minute P M.

21. I hereby certify that I attended the deceased from Nov 23rd 1943 to Dec 15 1943 and that death occurred on the date and hour stated above.

4. Sex Male 2 Negro
5. Color or race

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

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

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct 15 1894
(Month) (Day) (Year)

Immediate cause of death Heart Euph
fluency & bronchitis

8. AGE: Years 51 Months 2 Days 0
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

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

10. Usual occupation Labor Yard man

11. Industry or business Lumber Yard

Major findings: Of operations 330

12. Name Unknown

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

13. Birthplace Unknown
(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 Mrs Laura Reynolds

(b) Address 1015 E 4 st

17. (a) Burial (b) Date thereof 12-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highway Cem

18. (a) Signature of funeral director J.B. Moore

(b) Address 1820 E 18 st

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 Chas B. Purdie (M. D. or other) _____
Address 719 Independence Ave Date signed 12-20-45

(Licensed Embalmer's Statement on Reverse Side)

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

