No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6150

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

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

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

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 2202 Ky. Ave. (If rural, give location) 5

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country No

3. (a) PRINT FULL NAME Maude Reynolds

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem /

5. Color or race White

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

6. (b) Name of husband or wife J.B. Reynolds

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Aug. 20, 1890 (Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Combs Arkansas (City, town, or county) / (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Louis Wright.
13. Birthplace Ky. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Emma Roper
15. Birthplace Ill. (City, town, or county) / (State or foreign country)

16. (a) Informant J.B. Reynolds

(b) Address 2202 Ky. Ave; Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-46 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin mo.

19. (a) 1-17-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 13, day 1946.

year hour 8-45 A.M. minute M.

21. I hereby certify that I attended the deceased from Nov 1-45 ~~Jan 13~~, 1945, to Jan 13, 1946

that I last saw her alive on Jan 13, 1946

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy (6)	

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 J. M. May (M. D. or other) MD

Address Joplin Mo. Date signed 1-17-46

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(Licensed Embalmer's Statement on Reverse Side)

46-1-65

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.....

Licensed Embalmer No. 959

P. O. Address.....

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.