

S. No. 2  
M-5-43  
ev. 5-17-39  
I X3677

State File No. 15920  
Registrar's No. 187

**FILED** JUN 10 1946  
Registration District No. 3008

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Callaway

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

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

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

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. Seminole Apts. 2  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES CLAUDE REYNOLDS

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11<sup>th</sup>  
year 1946 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from 6/11, 1945, to 5/11, 1946,  
that I last saw him alive on 5/10, 1946,  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

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 DK. years

7. Birth date of deceased: Sept. 17 1884  
(Month) (Day) (Year)

Immediate cause of death: metastatic carcinoma of the left femur, pelvic bones  
Due to (Primary site undetermined)

Duration +3 years

Due to 552

8. AGE: Years Months Days If less than one day

61	7	23	hr. min.
----	---	----	----------

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: fracture left hip in 1943 (osteomyelitis?)

Of autopsy none

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

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Victor Clough

(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof May 13 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill-Crest

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? \_\_\_\_\_

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 712 Court St. Fulton, Mo.

19. (a) May 13 1946 (b) Joan Morscheckoff  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury 0 MD

23. Signature Vernon D. Dunt (M. D. or other) \_\_\_\_\_

Address Fulton, Mo. Date signed 5/13/46

38

OT NOR

AUG 8 1947

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 6-8-46

AUG 2 1947

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 Glen Y. Mangin  
Licensed Embalmer No. 2725  
P. O. Address Fulton, 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.