

FILED MAY 27 1946

STANDARD CERTIFICATE OF DEATH

State File No. **16340**

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **375**

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 418 Hovey St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Levi Gideon Reynolds

3. (b) If veteran,

name war No

3. (c) Social Security

No. No.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Reynolds 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased: Feb. 4, 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 28 If less than one day
 hr. _____ min. _____

9. Birthplace Greene Co., Mo. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business International Harvester Co

12. Name William D. Reynolds

13. Birthplace Unknown UNK. G
(City, town, or county) (State or foreign country)

14. Maiden name Emma Berry

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

16. (a) Informant Dorsey Reynolds

(b) Address 339 Hovey, Springfield, Mo.

17. (a) Burial (b) Date thereof 5-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cem.

18. (a) Signature of funeral director W. Klingner & Co.

(b) Address Springfield, Mo.

19. (a) 5-4-46 (b) W. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 29
 (c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 418 Hovey 1
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1946 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from Apr 8
1946 to 2 May 1946;
 that I last saw him alive on 2 May, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, Cerebral Duration 3 days

Due to Hypertension Chronic
Myocarditis, Chronic
 Due to Arteriosclerosis

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

Major findings: None - frozen
 Of operations _____
 Of autopsy _____

PHYSICIAN

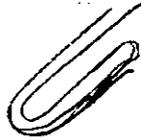
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Newton Wakeman (M. D. or other) 2
 Address Springfield, Mo. Date signed 3 May 46

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



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 *W. Jay Rhodes*.....

Licensed Embalmer No. *4071*.....

P. O. Address *Springfield*.....

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.