No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20707

State File No.

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 75

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home, Aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mth - 4 da (Specify whether years, months or days)
In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4018 Spruce
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN C. REYNOLDS
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) - 21 (Day) - 1889 (Year)

8. AGE: Years 57 Months Days 16 If less than one day hr. min.

9. Birthplace Montrose (City, town, or county) Mo (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Records Jackson Home, Aged
(b) Address R.R. #4 - Independence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington
18. (a) Signature of funeral director Geo. E. Adams
(b) Address Independence, Mo.
19. (a) 5/9/46 (Date received local registrar) (b) Fred Burns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1946 hour 7:10 minute a. M.
21. I hereby certify that I attended the deceased from 3-11, 1946 to May 7, 1946 that I last saw him alive on May 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of liver

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature J. W. Greene (M. D. ~~or other~~)
Address Independence Date signed 5/9/46

(Licensed Embalmer's Statement on Reverse Side)

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: Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address: Independence, Ia

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.