S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22630

Registration District No. 13 | Primary Registration District No. 3003 | Registrar's No. 49

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Monett (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Vincent Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 hours (Specify whether years, months or days) In this community: Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barry
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Kings Prairie Township (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: none

3. (a) PRINT FULL NAME: Joyce Gayle Reynaud
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: none years
7. Birth date of deceased: May (Month) 3 (Day) 1939 (Year)

8. AGE: Years 7 | Months 1 | Days 25 | If less than one day: hr. min.

9. Birthplace: Barry County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: School child
11. Industry or business: None

MOTHER FATHER
12. Name: Albert Stephen Reynaud
13. Birthplace: Barry County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Gloxine Emma Davis
15. Birthplace: Monett, Barry Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Albert Reynaud
(b) Address: RFD 1 Monett Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 30 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Waldenian Cemetery
18. (a) Signature of funeral director: Callaway
(b) Address: Monett Missouri
19. (a) 7-2-46 (Date received local registrar) (b) W. D. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1946 hour 9:55 minute A.M.
21. I hereby certify that I attended the deceased from June 28, 1946, to June 28, 1946, that I last saw her alive on June 28, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure — Duration
Due to: Ether Anesthesia during Tonsillectomy
Due to:
Other conditions: None (Include pregnancy within 3 months of death)
Major findings: Of operations: Diseased Tonsils
Of autopsy: None

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: C

23. Signature: Fred T. Hargrove (M. D. or other) M.D.
Address: Monett, Mo Date signed 6-28-46

(Licensed Embalmer's Statement on Reverse Side)

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

21494

RECEIVED
District Health Officer No. 6,
District File Number 746-752
Date Filed JUL 12 1946

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 J. H. Buchanan

Licensed Embalmer No. 3179

P. O. Address Moultrie Ga

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.