

FILED SEP 10 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 985

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether
 In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Richardson
 (c) City or town Falls City
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas Henry Reynolds
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Lena Leota Reynolds
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 20 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 4 hr. _____ min.

9. Birthplace Wheeling W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant
 11. Industry or business Hardware

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marvin B. Dyer
 (b) Address 912 No. Noyes Blvd., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 8/27/1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoff
 (b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Sept. 3, 1946 (b) W. J. Neithard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th
 year 1946 hour 7 minute 20 A. M.
 21. I hereby certify that I attended the deceased from Aug 23
 1946 to Aug 24 1946
 that I last saw him alive on Aug 24 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Central hemorrhage Duration 2 hours

Due to _____
 Due to _____

Other conditions Fracture of left femur 2 days
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 1 lb. 2 1 lb. 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) accident 136
 (b) Date of occurrence Aug 7, 1946
 (c) Where did injury occur? Falls City, Richardson, Neb
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? No (Specify type of place)
 (e) Means of injury fall

23. Signature John Faraon (M. D. or other) MD
 Address 730 Faraon Date signed Aug 26

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

25200

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.....

Albert L. Harrington

Licensed Embalmer No..... 3258 Missouri

P. O. Address..... St. Joseph, Missouri.

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.