

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 1 1946
STANDARD CERTIFICATE OF DEATH

State File No. **32432**

Registration District No. **342** Primary Registration District No. **10153** Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: none
(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

3. (a) PRINT FULL NAME ELD JONAH REYNOLDS

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Reynolds 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 18, 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Saline Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Missionary Baptist Church

11. Industry or business

12. Name David Reynolds

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

14. Maiden name Sarah

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

16. (a) Informant Zachary Reynolds

(b) Address Payel Ave, Michigan

17. (a) Burial (b) Date thereof Sept. 10, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walker Cemetery, Bloomfield, Michigan

18. (a) Signature of funeral director Joseph S. Morgan

(b) Address Adverse, Missouri

19. (a) 9-24-46 (b) E. C. Stroup
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Swinston
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1946 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1946 to Sept. 8 1946; that I last saw him alive on Sept. 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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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 E. C. Masters (M. D. or other) Do.

Address Adverse, Mo. Date signed 9-14-46

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Lloyd S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Lloyd S. Morgan*.....

Licensed Embalmer No..... *3161*.....

P. O. Address..... *Adrian 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.