S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32745

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1168

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:
1707 Beattie St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 11 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1707 Beattie St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country *

3. (a) PRINT FULL NAME Lavina Cain Reynolds

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive * years

7. Birth date of deceased August (Month) 4 (Day) 1864 (Year)

8. AGE: Years 82 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Maryville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name George Reynolds
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Anna Unknown
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mr. Sherman Reynolds
(b) Address 1707 Beattie St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 17, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Maryville, Missouri.

18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Oct. 18, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1946 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Viewed
Oct 16th, 1946, to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

94A

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 B. W. Tadlock Coroner (M. D. or other)

Address King Hill Bldg St. Joseph, Mo. Date signed 10/16/46

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(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 Ethel Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph 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.