

FILED OCT 23 1946

State File No.

Registration District No. 126

Primary Registration District No. 2000

Registrar's No. 827

1. PLACE OF DEATH:

(a) County **GREENE**
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1015 E. McDaniel
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
Unknown (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME **JOHN W. REYNOLDS**3. (b) If veteran, name war **WW II** 3. (c) Social Security No.4. Sex **male** 0 5. Color or race **white** 0 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **June 30, 1913**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
33 3 13 hr. min.9. Birthplace **Mt. Vernon, Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Carpenter**

11. Industry or business

12. Name **Wilbur Reynolds**13. Birthplace **Missouri**14. Maiden name **Nellie Gertrude Potts**15. Birthplace **Missouri**16. (a) Informant **Wilbur W. Reynolds**(b) Address **1015 E. McDaniel**17. (a) **Burial** (b) Date thereof **10-18-46**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place of burial or cremation **NATIONAL CEMETERY**(d) Signature of funeral director **ALMA LOHMEYER FUNERAL HOME**(e) Address **SPRINGFIELD, MISSOURI**19. (a) **10-15-46** (b) **W E Handley M.D**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
 (c) City or town **Springfield** **2**
 (If outside city or town limits, write "RURAL") **6**
 (d) Street No. **1015 E. McDaniel** **0**
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **13**
year **1946** hour **5** minute **30 a** M.21. I hereby certify that I attended the deceased from
No physician in attendance
that I last saw him **alive** on 19.....
and that death occurred on the date and hour stated above.Immediate cause of death **Shot gun wound of head** Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations **1440**

Of autopsy

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) **suicide**
 (b) Date of occurrence **Oct 13, 1946**
 (c) Where did injury occur? **Springfield Greene Mo**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In yard of residence 3
 (Specify type of place)
 While at work? **no** (e) Means of injury **shot gun**

23. Signature **Johnny C Stone** (M. D. or other) **3**Address **Springfield, Mo** Date signed **10-14-46**

JAN 28 1947

OCT 7 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 Frank Grable
Licensed Embalmer No. 4140
P. O. Address Springfield, Miss

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.

X

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Greene } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 827

On this 16th day of Jan., 1947, before me appears.....

Mrs. Nellie G. Reynolds, who, upon her oath, states that the original record of ~~XXX~~ death
for John W. Reynolds died Oct. 13, 1946, in the State of
Missouri, and which was filed at Springfield, Missouri on Oct. 15, 1946, should be corrected as follows:

Item No. 14 should read Nellie Gertrude Potts

Instead of Ruby Taylor

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Nellie G. Reynolds Mother
Relationship.

1015 E. McDaniel, Springfield, Missouri
Present Address.

Subscribed and sworn to before me this 16 day of January, 1947.

My Commission expires July 5, 1947 Dwight S. Cornigan Notary Public.

33292