No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1593

State File No. _____

Registration District No. 163 Primary Registration District No. 3831 Registrar's No. 2

1-22-47

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

1. PLACE OF DEATH:
(a) County Jefferson.
(b) City or town De Soto, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1023 So. 2nd st. / De Soto, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 58 yr 6 Mo - 3 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jefferson
(c) City or town De Soto, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 1023 So. 2nd st.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Henry Reynolds
3. (b) If veteran, name war No.
3. (c) Social Security No. 702-14-7172
4. Sex M
5. Color or race W
6. (a) Single, widowed, (married), divorced Married
6. (b) Name of husband or wife Opal Reynolds
6. (c) Age of husband or (wife) if alive 31 years
7. Birth date of deceased July (Month) 13 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
58	6	3	hr. min.

9. Birthplace De Soto, (City, town, or county) Mo (State or foreign country)
10. Usual occupation Mill Foreman.
11. Industry or business Mo. Pac. R.R. Car Shops
FATHER
12. Name James G. Reynolds
13. Birthplace Louisville Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ann Weler
15. Birthplace Not Known (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Opal Reynolds.
(b) Address 1023 So. 2nd st. De Soto Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wood Lawn.
18. (a) Signature of funeral director J. Lee Mothershead
(b) Address De Soto Mo
19. (a) 1-20-47 (Date received local registrar) (b) Marie Harris. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th year 1947 hour 10 minute - A.M.
21. I hereby certify that I attended the deceased from 11 Jan 1947 to 14 Jan 1947 that I last saw him alive on 14 Jan 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 hour
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94A	
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)
(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 0
23. Signature Paul V. McNutty (M. D. or other) M.D.
Address De Soto, Mo. Date signed 1-20-47

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1947

JAN 29 1947

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 John Motherhead

Licensed Embalmer No. 3531

P. O. Address Desoto 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.