

FILED FEB 11 1947

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1915

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 239
 (b) Township Combs Primary Registration District No. 5825 Registered No. 83 72
 (c) City Parma or (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mollie Percilla Reynolds

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W I

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Warren W Reynolds (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 26, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 8 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Cottden Ill (STATE OR COUNTRY) _____13. NAME Dave Cogdell14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____15. MAIDEN NAME Fanny Blanchard16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____17. INFORMANT Mrs. Nancy Crimen (ADDRESS) Parma Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Shelton Mo DATE 1-19, 194719. FUNERAL DIRECTOR (NAME) Watkins (ADDRESS) Parma Mo20. FILED 1/18, 1947 Dr. Carl Wusted Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1947

22. I HEREBY CERTIFY That I attended deceased from Sep 24, 1946 to Jan 16, 1947
 I last saw her alive on 16 Jan, 1947. Death is said to have occurred on the date stated above, at 11:48 p.m.
 The principal cause of death and related causes of importance were as follows:

Cardiac decomp
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 0
 If so, specify Scott Wusted, M.D.
 (Signed) _____, M. D.
 (Address) Parma Mo

RECEIVED

Health Office No. 2,

District File Number 247-175

Date Filed 2-7-49

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.