

FILED MAR 28 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
210 S. Quincy
(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) 1 month

3. (a) PRINT FULL NAME SAMUEL MOREHEAD REYNOLDS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Rosella A. Reynolds 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 11 1859
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Henry Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Retired

12. Name William Reynolds

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Ella Fossil

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

16. (a) Informant Geo. M. Reynolds

(b) Address Houston Texas

17. (a) Burial (b) Date thereof Feb 28 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corder Mo

18. (a) Signature of funeral director Walter H. Hays

(b) Address Higginsville Mo

19. (a) 2-26-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Corder
(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 Feb day 26
year 1947 hour 12 minute 01 A.M.

21. I hereby certify that I attended the deceased from Feb 5, 1947, to Feb 26, 1947
that I last saw him alive on Feb 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial inf.
Due to arterio sclerosis

Other conditions Ch. Dystich & Ch. hostatilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 126

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) no
(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) _____ (e) Means of injury _____

23. Signature Walter H. Hays (M. Doctor)
Address Sedalia Mo Date signed 2/26/47

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(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-27-47

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 Alfred Hoehn

Licensed Embalmer No. 539

P. O. Address Highway No. 10

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.