V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

Registration District No. 360

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 12236

Registrar's No. 49

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Rural Washington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 3 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 5 mo 27 dy (Months) In this community 1 yr 5 months 27 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits write "RURAL")

(d) Street No. 3927 State Lines (If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME: STEPHEN J. 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: Widow

6. (b) Name of husband or wife: ✓

6. (c) Age of husband or wife if alive: 1863 years

7. Birth date of deceased: 12 - 29 - 1867 (Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 15 If less than one day ___ hr. ___ min.

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

10. Usual occupation: Cattle

11. Industry or business: ✓

12. Name: Unknown

13. Birthplace: (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

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

16. (a) Informant: Hospital Record

(b) Address: Nevada Mo.

17. (a) Burial, cremation, or removal: Removal (b) Date thereof: March 14, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Kansas City

18. (a) Signature of funeral director: Bates Funeral Home

(b) Address: Kansas City

19. (a) Date received by local registrar: 3-14-47 (b) Registrar's signature: Fae Pumphrey By Deputy

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1947 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from 9-20-, 1945 to 3-14-, 1947 that I last saw him alive on 3-14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Insufficiency

Due to: Senile Deterioration

Due to: ✓

Other conditions (Include pregnancy within 3 months of death): ✓

Major findings: Of operations: no

Of autopsy: no

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: R. G. Hall M.D. (M. D. or Coroner)

Address: Nevada Mo. Date signed: 3-14-47

Cause of death
Hardening of the Arteries

Keth Yancey
304 South Washington

Ferry -

RECEIVED
District Health Officer No. 7,
District File Number 9-47-252
Date Filed 3-17-47

APR 11 1947

APR 3 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 Wm Ward

Licensed Embalmer No.....

P. O. Address Kansas City

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of April, 1947, before me appears Mrs. Blanche M. Keith, who, upon her oath, states that the original record of ~~birth~~ death for Stephen J. Reynolds died ~~born~~ March 14th, 1947, in the State of Missouri, and which was filed at Nevada, Missouri on 3-14, 1947, should be corrected as follows:

Item No. 7 should read December 29th, 1863
Instead of December 29th, 1851

Item No. 8 should read 83 yrs-2 months-15 days
Instead of 95 yrs-2 months-15 days

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 .....

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

(SEAL)

Affiant Blanche M. Keith Daughter
Relationship.

Gashland, Missouri R.R.No.4
Present Address.

Subscribed and sworn to before me this 7th day of April, 1947

My Commission expires May 2nd 1948 Lura M. Whalen Notary Public.

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

#91 4-10-47

Form V. S. 135
50M—4-43
I X36667

12236

APR 11 1947