

FILED JUL 28 1947

Registration District No. **6**

Primary Registration District No. **5329**

1. PLACE OF DEATH:

(a) County Crawford  
(b) City or town Rural "Brush Creek"  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 28  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Owensville, Mo. Route 30  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH HIRAM REYNOLDS.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 487-30-6432

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elizabeth Ringisen Reynolds 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased September 17 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 7 29 - hr. - min.

9. Birthplace Red Bird, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business \_\_\_\_\_

12. Name Newton Reynolds

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

14. Maiden name Rebecca Collier

15. Birthplace Crawford County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph Reynolds

(b) Address Owensville, Mo. R. 3.

17. (a) Burial (b) Date thereof 5 18 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collins Cem. Owensville Mo. Route 3

18. (a) Signature of funeral director Wiffard H. H. White

(b) Address Owensville, Mo.

19. (a) May 17, 1947 (b) Paul A. Randall  
(Date received local registrar) (Registrar's signature) 372

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1947 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov. 2, 1946 to May 16, 1947  
that I last saw him alive on May 14, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal syndrome with terminal hypostatic pneumonia in  
Due to both bases

Duration 6 mos

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None  
Of autopsy None 131A

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 Paul A. Randall (M.D. or other) 0  
Address Owensville, Mo. Date signed 5-17-47

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

**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 M.

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Michael H N Winter  
Licensed Embalmer No. 2838  
P. O. Address Owensville 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.**