

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34972**

Registrar's No. **91**

FILED OCT 29 1947
Registration District No. **178**

Primary Registration District No. **4284**

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

1. PLACE OF DEATH:

(a) County **Lewis**
(b) City or town **La Belle Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
La Belle Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **LEWIS**
(c) City or town **LA BELLE, MO.**
(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

3. (a) PRINT FULL NAME **Joseph Burdit Mc Reynolds**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

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

7. Birth date of deceased **January 15, 1871**
(Month) (Day) (Year)

8. AGE: Years **76** Months **8** Days **17** If less than one day hr. _____ min. _____

9. Birthplace **La Belle Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Mr. Joseph Mc Reynolds**

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

14. Maiden name **Marjorie Benson**

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

16. (a) Informant **Miss Nellie Bone**

(b) Address **La Belle, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 4, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Mrs. Norman B. Sidor**

(b) Address **La Belle, Missouri**

19. (a) **10/4/47** (b) **W. Jennings**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **October** day **2**
year **1947** hour **1** minute **40** A.M.

21. I hereby certify that I attended the deceased from **January 23, 1947** to **October 1, 1947**
that I last saw him alive on **October 1, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death... **Chronic myocarditis** Duration **2 wks**
Chronic glomerulonephritis **5 yrs**
cirrhosis of liver **2 yrs**
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **131B**
Of autopsy _____

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **David M. Bone** (M. D. or other) **10/2/47**
Address **La Belle, Mo** Date signed

RECEIVED
District Health Officer No. 10
District File Number 10-47-1455
Date Filed OCT 27 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 Myself
....., Registered Apprentice No.

working under my personal supervision.

Signed James Alodes
Licensed Embalmer No. 2537
P. O. Address Lewis Town, Ill

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.