

FILED JAN 19 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1617 Beattie str. /  
(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 MO (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1617 Beattie str. 7  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EVELYN B. REYNOLDS

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female 5. Color or race whit

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ottville Reynolds 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased May 2 1916  
(Month) (Day) (Year)

8. AGE: Years 31 Months 8 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Joseph MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Charles E. Peek

13. Birthplace St. Joseph MO  
(City, town, or county) (State or foreign country)

14. Maiden name Maie Christina

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

16. (a) Informant Ottville Reynolds

(b) Address St. Joseph MO

17. (a) Burial (b) Date thereof Jan 13 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ashland bur

18. (a) Signature of funeral director Clayton Funeral Home

(b) Address St. Joseph MO

19. (a) 1-14-48 (b) Clayton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9  
year 1948 hour 5:25 minute P M.  
10-3-47

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 1-9-48, 19\_\_\_\_;  
that I last saw her alive on January 9, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral heart disease. Duration prior to 10-3-47

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cirrhosis of liver Prior to 10-3-47  
(Include pregnancy within 3 months of death)  
Ascites

Major findings: 9/2 B

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Clayton Smith (M. D. or other) M.D.

Address 218 No. 7th St. Date signed 1-10-48

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

MOTHER FATHER

**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.....

*Charles M. Sherman*, Registered Apprentice No. *450*

working under my personal supervision.

Signed.....

*John Roy Stamey*

Licensed Embalmer No. *2435*

P. O. Address.....

*St. Joseph*

**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.**