FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17007

Registration District No. 219 | Primary Registration District No. 5791 | Registrar's No. 11

1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: Rural Harrison Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 mi W. High Point
(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)
In this community: lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Moniteau
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 mi West High Point
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: none

3. (a) PRINT FULL NAME: Granderson-Catlet-Reynolds
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Leona Reynolds
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: June (Month) 2 (Day) 1875 (Year)

8. AGE: Years 72 | Months 11 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace: Miller Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farming - General
11. Industry or business: Farm
FATHER
12. Name: John Reynolds
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name: May Wilhelm
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Leona Reynolds
(b) Address: Barnett Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 30 48 (Month) (Day) (Year)
(c) Place: burial or cremation: High Point Cem
18. (a) Signature of funeral director: Keith McKay
(b) Address: Eldon Mo
19. (a) 5/30/48 (Date received local registrar) (b) C. H. Nash (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1948 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 48, 19..., to May 28, 19 48, that I last saw him alive on Apr 15 48, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	
Due to: Hypertention	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: E. O. Shelton (M. D. ~~or other~~)
Address: Eldon Mo Date signed 5/29/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

1-47
5-17-39

JUN 15

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 Keith M Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.