

No. 1-17
5-17-39

FILED JUN 17 1948
Registration District No. 228

Primary Registration District No. 5572

Registrar's No. 111

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

1. PLACE OF DEATH
 (a) County Jackson
 (b) City or town Prattville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Emory Agency Hospital, Indigo
 (If not in hospital institution, write street number & location)
 (d) Length of stay: In hospital or institution 75 days (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town Gain Valley
 (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 _____

3. (a) PRINT FULL NAME Le Roy Reynolds
 3. (b) If veteran, _____ 3. (c) Social Security No. 499-18-2517
 name war _____

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Dec 2 18 93
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 5 27 hr. min.

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

10. Usual occupation Labor

11. Industry or business _____

12. Name James Reynolds

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

14. Maiden name Maigale Smith

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

16. (a) Informant Mrs Marie Armstrong
 (b) Address Victoria Ill

17. (a) Removal (b) Date thereof 5-31-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Manmoth Ill

18. (a) Signature of funeral director W. G. Webb - son
 (b) Address Blue Springs Mo

19. (a) 1948 (b) Donald C. Sams
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
 year 1948 hour 7 PM minute 45 P M.
 21. I hereby certify that I attended the deceased from May 20
 _____, 1948 to May 29, 1948
 that I last saw him alive on May 29, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death strangulation
Paralysis of
gullet & throat
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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) _____ of injury _____
 23. Signature W. Tuttle (M.D. or other) _____
 Address Blue Springs Mo Date signed 5/31/48

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 _____

Kenneth Royer Registered Apprentice No. 63
working under my personal supervision.

Signed R. B. Webb

Licensed Embalmer No. 2313

P. O. Address Blue Springs 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.