

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

State File No. ....

FILED JUL 9 1948

Registration District No. 282

Primary Registration District No. 5971

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Saline (Marion Township)

(b) City or town Saline

(c) Name of hospital or institution: 4 Miles West of Saline

(d) Length of stay: 63 years

In this community 63 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Saline (Rural)

(d) Street No. 4 Miles West of Saline

(e) Citizen of foreign country? NO

If yes, name country none

3. (a) PRINT FULL NAME Thomas Miles Reynolds

(b) If veteran, name war none

(c) Social Security No. none

MEDICAL CERTIFICATION

4. DATE OF DEATH, Month April day 13, year 1948 hour 4 minute 2 P.M.

5. I hereby certify that I attended the deceased from March 22 1948, 19 to April 13, 1948

6. That I last saw h. alive on April 13, 1948 and that death occurred on the date and hour stated above.

7. (a) Sex Male (b) Color or White

8. (a) Single, widowed, married, divorced Widowed

9. (b) Name of husband or wife Oracum Reynolds

10. (c) Age of husband or wife if alive Deceased

11. Birth date of deceased July 25, 1862

Immediate cause of death Myocarditis

Due to Pneumonia in March

Other conditions (include pregnancy within 3 months of death) None

12. AGE: Years 85 Months 8 Days 18

13. Birthplace La Fayette Indiana

14. Usual occupation Farmer

15. Industry or business Farming

16. Name Miles Reynolds

17. Birthplace Indiana

18. Maiden name Elizabeth D. Hart

19. Birthplace Ohio

Major findings: 036

Of operations: None

Of autopsy: None

20. (a) Informant Frank Reynolds

(b) Address Saline, Mo.

(c) Place: burial or cremation Barren Creek

(d) Signature of funeral director Barrie Blue

(e) Address Saline, Mo.

(f) Date received local registrar July 2, 1948

(g) Registrar's signature Ralph Gardner

21. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (c) Means of injury None

22. Signature M. J. Embury

Address Saline, Mo. Date signed 4-19-48

RECEIVED  
District Health Officer No. 7,  
District File Number 6-48-77  
Date Filed 7-8-48

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.....

James R. Phillips....., Registered Apprentice No. 215  
working under my personal supervision.

Signed

Willard B. Ewing

Licensed-Embalmer No.

3092

P. O. Address

Bolivar, 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.