DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1948

Registration District No. 39

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29146

Primary Registration District No. 4097

Registrar's No. 175

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

1. PLACE OF DEATH:

(a) County CASS

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

(c) Name of hospital or institution: MEMORIAL HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether

In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CASS

(c) City or town RAYMORE (If outside city or town limits, write "RURAL")

(d) Street No. ✓ (If rural, give location)

(e) If foreign born, how long in U. S. A.? NO. years.

3. (a) PRINT FULL NAME EARL BRICE REYNOLDS

3. (b) If veteran, name war ✓

3. (c) Social Security No. 500-20-9255

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife SUSIE REYNOLDS

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased MAY (Month) 4 (Day) 1883 (Year)

8. AGE: Years 65 Months 5 Days 2 If less than one day ___ hr. ___ min.

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

10. Usual occupation MERCHANT

11. Industry or business FEED STORE

FATHER
12. Name JAMES ANDREW REYNOLDS
13. Birthplace — (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name MARGARET L. COONS
15. Birthplace — (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant MRS. E. B. REYNOLDS

(b) Address RAYMORE, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8 '48 (Month) (Day) (Year)

(c) Place: burial or cremation BELTON, MO.

18. (a) Signature of funeral director E. K. George & Son

(b) Address BELTON, MO.

19. (a) Oct. 8-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 6TH, year 1948 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from SEPT. 1, 1948, to OCT. 6, 1948; that I last saw him alive on OCT. 5, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death MYOCARDIAL INFARCTION, POSTERIOR, SEVERE, ACUTE	7 days
Due to CORONARY THROMBOSIS, MAIN POSTERIOR CORONARY ARTERY	7 days
Due to CORONARY ARTERIOSCLEROSIS	10 yrs.
Other conditions (1) Chronic adhesive pericarditis (Include pregnancy within 3 months of death)	—
(2) Anterior myocardial infarction, 5 week.	

Major findings:
Of operations None.
Of autopsy As listed.

PHYSICIAN

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 Herbert A. Tracy, (M. D. or other) M.D.

Address BELTON, MO. Date signed 10/6/48.

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1949

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.