

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37237

State File No.

FILED DEC 8 1948
Registration District No. 2883

Primary Registration District No. 5655

Registrar's No. 128

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 613 days
(Specify whether years, months or days)

In this community 613 days
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Mary Louise McReynolds

3. (b) If veteran, name war No

3. (c) Social Security No. 497-28-3796

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 23 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

22 2-23 _____ hr. _____ min.

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

10. Usual occupation Telephone Operator

11. Industry or business

12. Name Charles McReynolds

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

14. Maiden name Cynthia Beryl Johnson

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San., Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof Nov 16-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Wm. S. Zucht

(b) Address W. Vernon, Mo.

19. (a) 11-16-48 (b) Cecil Hendricks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 914 W. 4th St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th
year 1948 hour 12:35 minute _____ P M.

21. I hereby certify that I attended the deceased from March 13
_____, 1947 to Nov. 15, 1948
that I last saw her alive on Nov. 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage Duration Few Minutes

Due to Far Advanced Pulmonary Tbc. About 2 1/2 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. E. Hellweg M.D. (M. D. or other) _____
Address Mount Vernon, Mo. Date signed 11-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6:

District File Number 1248-1330

Date Filed 12-6-48

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Max L. Smith

Licensed Embalmer No. 4252

P. O. Address Merion, 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.