

THE DIVISION OF HEALTH OF MISSOURI
FILED MAR 26 1949 **STANDARD CERTIFICATE OF DEATH**

State File No. **8729**
 BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **103**

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| 1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence c. LENGTH OF STAY (in this place) 1 Day d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Indep. Sanitarium | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence d. STREET ADDRESS (If rural, give location) 1407 Shelsey Rd. | |
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| 3. NAME OF DECEASED (Type or Print) THELMA | a. (First) _____ b. (Middle) A. c. (Last) REYNOLDS | 4. DATE OF DEATH (Month) (Day) (Year) March 20, 1949 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 14, 1906 | 9. AGE (In years last birthday) 42 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Ohio | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Robert B. Downing | 13b. MOTHER'S MAIDEN NAME Anna C. Butler | 14. NAME OF HUSBAND OR WIFE Christopher E. Reynolds |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 491-09-5907 | 17. INFORMANT'S SIGNATURE OR NAME 1407 ADDRESS Christopher E. Reynolds Shelsey Rd |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of brain metastatic to brain. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) metastatic to lungs - rise to the above cause (a) stating the underlying cause last. DUE TO (c) " to vertebrae II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | INTERVAL BETWEEN ONSET AND DEATH 3 years + |
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| 19a. DATE OF OPERATION 12/2/1946 | 19b. MAJOR FINDINGS OF OPERATION Ca Breast - rt - | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Independence Mo |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) R. J. Harris M.D. | 23b. ADDRESS Independence Mo | 23c. DATE SIGNED Mar. 21-1949 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Mar 22 1949 | 24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem | 24d. LOCATION (City, town, or county) (State) Jackson County, Mo. |
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| DATE REC'D BY LOCAL REG. Mar. 22-1949 | REGISTRAR'S SIGNATURE Amos S. ... | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rayon S. Topley Indep. Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

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~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Dixon L. Kelley

Licensed Embalmer No. 4225

P. O. Address _____ Indep. 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.