

REC'D MAY 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14448

Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 297
 (b) Township _____ Primary Registration District No. 4144 Registered No. _____
 (c) City Greenfield mo (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Walter Bryant M. Reynolds 2105
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/22/1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 1 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co13. NAME William Bryant M. Reynolds14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Martha White16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss17. INFORMANT (ADDRESS) Mrs. M. Reynolds
Greenfield mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield mo. DATE May 1, 193819. FUNERAL DIRECTOR (ADDRESS) Ferguson Cox & Harrison
Greenfield mo20. FILED May 5, 1938 W. H. Cox Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to April 28, 1938.
 I last saw him alive on April 28, 1938. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
 Date of onset _____
 Other contributory causes of importance: 94

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) St. O. Cowan, M. D.214 (Address) Greenfield mo

STATEMENT BY LICENSED EMBALMER

J. L. Dinnardie Licensed Embalmer No. *3786*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *self*

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed *J. L. Dinnardie*
Licensed Embalmer No. *3786*

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.)

STATEMENT BY LICENSED EMBALMER

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

14448
Do not use this space.

1. PLACE OF DEATH
(a) County Dade Registration District No. 237
(b) Township Greenfield Primary Registration District No. 4144 Registered No. _____
(c) City Greenfield (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Walter Bryant Mc Reynolds
(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28, 1938

- 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Mc Reynolds

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 1 6

The principal cause of death and related causes of importance were as follows:

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

Other contributory causes of importance: _____

- FATHER
13. NAME _____

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

- MOTHER
15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS) _____

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE _____ DATE _____, 19____

Manner of injury _____

19. FUNERAL DIRECTOR (ADDRESS) _____

Nature of injury _____

20. FILED 5-5-, 1938 W. L. Wain

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. L. Wain, M. D.

(Address) Greenfield Mo

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

