

REC'D JUN 8 1938

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

19858
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 908
(b) Township Wright Primary Registration District No. 6222 Registered No. 23
(c) City Wright (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. 0 How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME

(a) Residence, No. Samuel William Reynolds 5-4 St. Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-9-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 0 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) 5-1-38 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo
Lower

FATHER 13. NAME John Reynolds 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER 15. MAIDEN NAME Lacey Seamons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Samuel Reynolds
Wright Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright Mortuary 4-3-38

19. FUNERAL DIRECTOR (ADDRESS) Wright Funeral Home

20. FILED 4-30-38 Berrie Montgomery Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1 1938

22. HEREBY CERTIFY, That I attended deceased from 4/1, 11 Am, 1938, to 4/1, 120 Pm, 1938
I last saw him alive on 4/1, 1938 Death is said

to have occurred on the date stated above, at 1:30 P.M.

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

Duchle Labor
Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) R.A. Ryan M. D.

(Address) Wright Mo

STATEMENT BY LICENSED EMBALMER

I, George Stapp, Licensed Embalmer No. 3161

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

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

Signed George Stapp

Licensed Embalmer No. 3161

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.)