

REC'D OCT 18 1938

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

32371  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
(b) Township Independence Primary Registration District No. 73019 Registered No. 250  
(c) City Independence (d) Street No. 1222 No. Spring 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John W. Reynolds 543

(a) Residence, No. 1222 No. Spring 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 Ma. Lucy W. Reynolds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3 1867

7. AGE YEARS 70 MONTHS 9 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. No. Pac. R.R.  
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) Nelson, Missouri

FATHER 13. NAME William B. Reynolds  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County, Missouri

MOTHER 15. MAIDEN NAME Ellen Adams  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Tennessee

17. INFORMANT (ADDRESS) Ma. Lucy W. Reynolds 1222 No. Spring

18. BURIAL, CREMATION, OR REMOVAL PLACE Glenn Hills DATE Sept. 17 1938

19. FUNERAL DIRECTOR (ADDRESS) George C. Carson Independence, Mo.

20. FILED 9-17-1938 J. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 19  
I last saw h. Reynolds alive on 19 Death is said to have occurred on the date stated above, at 9:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Myocardial Stenosis  
Coronary Arteriosclerosis  
Other contributory causes of importance: 920 Coronary Sclerosis

Name of operation none Date of 27  
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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 None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify (Signed) Reynolds, M. D.  
(Address) Independence

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

---

---

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**