

1938 DEC 13

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

38664
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
(b) Township St. Joseph, Primary Registration District No. 1002 Registered No. 1174
(c) City St. Joseph, (d) Street No. 602 North 23rd. St. 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 39 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lula Moore Reynolds,

(a) Residence, No. 602 North 23rd. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Buchanan Reynolds,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 19, 1854
7. AGE YEARS 84 MONTHS 1 DAYS 4 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
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) Unknown, Kentucky, 1
13. NAME Unknown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 4
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 1

17. INFORMANT (ADDRESS) Mrs. J. C. McFarney, Norfolk, Nebraska.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE Nov. 25th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton-Bellotti-Brown, 319 So. 10th Str. Funeral Home

20. FILED Nov 25, 1938 H. J. Nestlebury, E.T. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23rd 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/2, 1938, to 11-23, 1938
I last saw him alive on 11/22, 1938 Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Pulmonary Embolism Date of onset 11/22/38
186 15
Other contributory causes of importance:
Cholelithiasis, Illness Venous Thrombosis left leg

Name of operation _____ Date of _____
What test confirmed diagnosis? Indurated Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 10/28, 1938
Where did injury occur? St. Joseph, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall
Nature of injury Fract left leg

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. J. [Signature], M. D.
(Address) 307 [Address]

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.

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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, Nov. 23, 19

or by _____

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

Signed W. C. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Lynch

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, above space should be left blank.