

DEC 13 1938

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

39544
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
 (b) Township Plattin Primary Registration District No. 5576 Registered No. 110
 (c) City..... (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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jefferson Mile Reynolds

(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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1884 - 7

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
54 6 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm work
 10. Date deceased last worked at this occupation (month and year) Nov., 14th., 1938 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Jefferson Reynolds

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT William Reynolds (ADDRESS) Victoria Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Victoria Mo. DATE 11/16/38

19. FUNERAL DIRECTOR (NAME) Duester-Vinyard 392 (ADDRESS) Festus Mo.

20. FILED 11/18 1938 J E Rath Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from By Inquest dated Nov. 14, 1938
 I first saw alive on..... 19..... Death is said to have occurred on the date stated above, at 5:30 P. M.
 The principal cause of death and related causes of importance were as follows:

A heart attack;
Chronic Myocarditis

Date of onset

Other contributory causes of importance: 92C

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No.

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? No.
 If so, specify Frank Frazier, Coronary (Signed) Festus, Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Anthony Gwester, or by

Registered Apprentice No., working under my personal supervision.

Signed *Anthony Gwester*

Licensed Embalmer No. *2931*

P. O. Address *Texus 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, above space should be left blank.