

REC'D FEB 25 1939

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

3828
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District 619
(b) Township Atichson Primary Registration District No. 5821 Registered No. _____
(c) City _____ (d) Street No. _____
(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 Ernest Gaylord 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 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 Ida Myrtle Reynolds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1882

7. AGE YEARS 56 MONTHS 9 DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Take View
(STATE OR COUNTRY) Mich.

FATHER 13. NAME Geo. L. Reynolds

14. BIRTHPLACE (CITY OR TOWN) Ontario
(STATE OR COUNTRY) Canada

MOTHER 15. MAIDEN NAME Alice Tazier

16. BIRTHPLACE (CITY OR TOWN) Ontario
(STATE OR COUNTRY) Canada

17. INFORMANT Mrs. Ida Reynolds
(ADDRESS) Clearmont Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill, Maryville Jan. 7, 1939

19. FUNERAL DIRECTOR (NAME) Price Funeral Home
(ADDRESS) Maryville Mo.

20. FILED Feb 10, 19 1939 J. B. Humphrey
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 198, to 11, 1939.
I last saw him alive on 11, 1939 Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Chronic valvular disease of heart

Date of onset

Other contributory causes of importance: 92%

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____
(Signed) C. W. Kirk, M.D.

(Address) Hopkins

IN LAW TO COMPENSATE THE STATE
BOARDS OF PUBLIC HEALTH
TO REGULATE EMBALMERS

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,

John W. Price

or by

Registered Apprentice No., working under my personal supervision.

Signed

John W. Price

Licensed Embalmer No. *3229*

P. O. Address

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.