

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

**26088**  
Do not use this space.

REC'D AUG 4 1939

**1. PLACE OF DEATH**

(a) County Lawrence Registration District No. 467  
 (b) Township Aurora Primary Registration District No. 4280  
 (c) City Aurora or (d) Street No. E. Delta St. Registered No. 47  
 (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** Carrol Gene Reynolds

(a) Residence, No. E. Delta St. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) Aurora (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Reynolds

14. BIRTHPLACE (CITY OR TOWN) Barry County (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Paul Williams

16. BIRTHPLACE (CITY OR TOWN) Aurora (STATE OR COUNTRY) Missouri

17. INFORMANT Mr. John Reynolds (ADDRESS) Aurora Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville Mo. DATE July 24 1939

19. FUNERAL DIRECTOR (NAME) J. F. King (ADDRESS) Aurora Mo.

20. FILED 6-31 1939 R. D. Cannon, M.D. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1939

22. I HEREBY CERTIFY, that I attended deceased from July 23 1939, to July 23 1939  
 (I last saw he alive on July 23 1939. Death is said to have occurred on the date stated above, at 4:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Polypic Neostriam  
caused due to  
Chronic Alcoholism July 23, 1939  
 Date of onset

Other contributory causes of importance: 161 W

Name of operation None Date of None  
 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) A. H. Smith, M. D.  
 (Address) 16 E. Locust St. Aurora, 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.

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**