

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

**32198**  
 Do not use this space.

1. PLACE OF DEATH

(a) County Liberty Registration District No. 201

(b) Township Liberty Primary Registration District No. 5250

(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred 87 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Y. Reynolds

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF Mary C. Reynolds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8-1852

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

87 6 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. In reep.

10. Date deceased last worked at this occupation (month and year) 10 Kansas

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richman Mo.

13. NAME Levi Reynolds

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

15. MAIDEN NAME Elizabeth Harless

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

17. INFORMANT (ADDRESS) Miss Rose Reynolds

Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE Sept 24 1939

19. FUNERAL DIRECTOR (ADDRESS) Church - Church

Liberty Mo

20. FILED Sept 25 1939 W H Stephens

Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1939 to Sept 21 1939

I last saw him alive on Sept 21 1939. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

High Blood Pressure  
Arteriosclerosis + general  
break down

Date of onset \_\_\_\_\_

Other contributory causes of importance: 97

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) A. B. Lewis, M. D.

(Address) Liberty Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

24

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**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.)**