

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

37005
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744
 (b) Township 1 Primary Registration District No. 3035
 (c) City Richmond (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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
563 Leslie E. Reynolds
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>1</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14 - 1927</u>		
7. AGE	YEARS	MONTHS
<u>12</u>	<u>7</u>	<u>9</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>none</u>		
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) <u>Richmond</u> (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>William Reynolds</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Richmond</u> (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Erna Hagan</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Richmond</u> (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>Mr. Floyd Hawkins</u> (ADDRESS) _____		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Trukey Grove</u> DATE <u>Oct. 26, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Thyerman</u> (ADDRESS) <u>Richmond Mo</u>		
20. FILED <u>Oct 31</u> 19 <u>39</u> <u>Maabel Jackson</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Killed by being struck by truck on Highway No. 13 North of Richmond, Mo.
Fracture of skull, broken neck & chest crushed
 Other contributory causes of importance _____

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 accident Date of injury Oct 23, 1939
 Where did injury occur? Ray County, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury struck by truck
 Nature of injury skull fracture broken neck & chest crushed

24. Was disease or other condition related to occupation of deceased? no
 If so, specify _____
 (Signed) Dr. Lewis M. D.
 (Address) Richmond Coronet

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/2/39

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 comply with the above constitutes grounds for revocation of license.)

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