

o. 2
13-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22064**

Registration District No. **14706** Primary Registration District No. **5587** Registrar's No. **6**

1. PLACE OF DEATH: **Johnson**
(a) County **Johnson**
(b) City or town **Rural Jefferson Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **9**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Emmet B. Reynolds 543**
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Winona Wilhoit** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **December 9, 1866**
(Month) (Day) (Year)

8. AGE: Years **73** Months **6** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Lynchburg, Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**
11. Industry or business **Dry Goods**

MOTHER FATHER { 12. Name **Wm. J. Reynolds**
13. Birthplace **Virginia**
14. Maiden name **Angelina Rice**
15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Nylene Fay**
(b) Address **Brookfield, Missouri**
17. (a) **burial** (b) Date thereof **June 30-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Brookfield, Mo.**

18. (a) Signature of funeral director **Rusk Funeral Home**
(b) Address **Brookfield, Missouri**
19. (a) **6-29-40** (b) **[Signature]**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State **Missouri** (b) County _____
(c) City or town **Brookfield**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June 28** day **28**
year **1940** hour **13** minute **30** A.M.
21. I hereby certify that I attended the deceased from **June 28**, 19**40** to **June 28**, 19**40**;
that I last saw **alive on** _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris**
Due to _____
Due to **942**
Other conditions (Include pregnancy within 3 months of death) _____

Duration **?**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: **none**
Of operations _____
Of autopsy **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **[Signature]** (M. D. or other) _____
Address **Windsor Mo** Date signed **6-28-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
Reference File Number
Date Filed 4-16-40

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 Edwell Houston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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, fact should be so stated above.