

Registration District No. 26

Primary Registration District No. 3022

Registrar's No. 101

FILED 5/26 1940

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

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town MEXICO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day
(Specify whether)

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town MEXICO
(If outside city or town limits, write "RURAL")

(d) Street No. 712 S. Trinity
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Juanita Reynolds 543

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11
year 1940 hour 4:50 minute A M.

21. I hereby certify that I attended the deceased from 5-1
1940, to 8-11-1940
that I last saw her alive on 8-11-1940
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife CHARLIE REYNOLDS

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 1st 1895
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis
Chronic Nephritis

Duration: ?

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>6</u>	<u>10</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 121

9. Birthplace JEFFERSON CITY MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER {

12. Name A. L. THOMAS

13. Birthplace Tipton MO
(City, town, or county) (State or foreign country)

14. Maiden name NELLIE BANNER

15. Birthplace JEFFERSON CITY MO
(City, town, or county) (State or foreign country)

16. (a) Informant Giney Thomas

(b) Address 712 S. Trinity Mexico Mo

17. (a) Burial (b) Date thereof 8-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico Mo

18. (a) Signature of funeral director A. L. Reynolds Jr

(b) Address MEXICO MO 703 E. Park St

19. (a) August 14-1940 Blanche Neely
(Date received local registrar) (Registrar's signature)

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?
23
While at work? Yes (Specify type of place) _____
(Specify means of injury) _____

23. Signature H. J. Ketchum (M. D. or other) _____
Address MEXICO MO Date signed 8-12-40

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 Me

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

Signed A. H. Reynolds Jr

Licensed Embalmer No. 3521

P. O. Address San Francisco 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.