

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39378**

Registration District No. **625**

Primary Registration District No. **3091**

Registrar's No. **143**

**1. PLACE OF DEATH:**  
 (a) County Nodaway  
 (b) City or town Marionville  
 (c) Name of hospital or institution: St. Francis  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Weeks  
 In this community all his life (Specify whether years, months or days) 1

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO (b) County Nodaway  
 (c) City or town Rural  
 (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.

**3. (a) PRINT FULL NAME** George Edward Reynolds

**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
name war. \_\_\_\_\_ No. \_\_\_\_\_

**4. Sex** Male **5. Color of race** White

**6. (b) Name of husband or wife** Idea Reynolds **6. (c) Age of husband or wife if alive** 46 years

**7. Birth date of deceased** (Month) March (Day) 23 (Year) 1883

**8. AGE:** Years 57 Months 7 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Guilford Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Farming

**11. Industry or business** \_\_\_\_\_

**12. Name** Marsh Reynolds

**13. Birthplace** Kentucky  
(City, town, or county) (State or foreign country)

**14. Maiden name** Melissa Cleaves

**15. Birthplace** Ohio  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Ida Reynolds

**17. (a)** Guilford **(b) Date thereof** Nov-9-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

**18. (a) Signature of funeral director** G. L. Reynolds  
**(b) Address** Guilford Mo.

**19. (a)** Nov-7-40 **(b)** Mamie E. Clardy  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Nov day 6  
year 1940 hour 2 minute 30 a.m.

**21. I hereby certify that I attended the deceased from** Oct 25, 1940, to Nov 6, 1940;  
that I last saw him alive on Nov 6, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary embolism Duration Nov 6-40

Due to Post operative operation  
Due to Prostectomy Nov 2-40

Other conditions Chr. Prostatitis  
(Includes pregnancy within 3 months of death)

**Major findings:** Enlarged Prostate  
Of operations Bladder Calculi  
Of autopsy NO

**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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? \_\_\_\_\_

556 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

**23. Signature** Dr. Boyles (M. D. over)  
Address Marionville Mo Date signed 11-7-40

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

FILED DEC 11 1940

**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

....., Registered Apprentice No. ....

~~working under my personal supervision.~~

Signed

*Leroy F. Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Storkebury*

**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.**