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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6723

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 60

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5days St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 7 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 514 E. Capitol Ave 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ------ 0 years.

3. (a) PRINT FULL NAME Peter Thorton Reynolds

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 Minnie 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. 1 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 20 If less than one day hr. min.

9. Birthplace Arrow Rock Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Mail Censoer

11. Industry or business State Prison

MOTHER FATHER
12. Name PeterThorton Reynolds Sr.
13. Birthplace Saline Co. 0 (City, town, or county) (State or foreign country)
14. Maiden name Martha Gilmore
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Reynolds
(b) Address Jefferson City, Mo.

17. (a) Burial, removal (Burial, cremation, or removal) (b) Date thereof 2-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Burscher Funeral Home
(b) Address Jefferson City, Mo.

19. (a) 2/22/41 (Date received local registrar) (b) S. V. Bedford MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1941 hour minute 7 P M.

21. I hereby certify that I attended the deceased from 2/16/, 1941, to 2/21/, 1941;
that I last saw him alive on 2/21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature S. V. Bedford MD (M. D. ~~[illegible]~~)
Address J. C. Mo. Date signed 2-22-41

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.