

No. 2
4-13-40
-17-39
K29159

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11381

State File No. _____

Registration District No. 547

Primary Registration District No. 5938

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
Residence 2100 Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Missouri

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

(d) Street No. 2100 Benton
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert Edward Lee 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 Jessie Hunt Reynolds 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 24, 1868
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>72</u> | <u>6</u> | <u>16</u> | _____ hr. _____ min. |

9. Birthplace Woodville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business C. B. & O. R. R. Employee

12. Name Ebenezer Reynolds

13. Birthplace Woodville Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Shoushe

15. Birthplace Woodville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie H. Reynolds - 48-

(b) Address 2100 Benton

17. (a) Burial (b) Date thereof 3/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Macon County

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway

19. (a) March 10, 1941 (b) Dr. C. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1941 hour 6 minute 45 AM.

21. I hereby certify that I attended the deceased from Jan 31, 1941, to March 9, 1941;

that I last saw him alive on March 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Septic Hemorrhage

Due to Carcinoma of Stomach

Due to 46

Other conditions Central Nervous System
(Include pregnancy within 3 months of death)

Major findings: Septic Hemorrhage

Of operations _____

Of autopsy _____

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 Harry L. ... (M. D. or other) _____

Address 100 N. 16th Hannibal Date signed 3/10/41

| Duration |
|--------------------|
| <u>3 days</u> |
| <u>3/7 to 3/10</u> |
| <u>1 year?</u> |

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

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

MOTHER FATHER

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 *Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal, 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.