

Registration District No. 4365

Primary Registration District No. 4365

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca, Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Seneca, Mo.
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME John Henry Reynolds

3. (b) If veteran, name war _____ 3. (c) Social Security NA91-01-3644

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida May Reynolds 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased January 23 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 23 hr. min.

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

10. Usual occupation Common Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Reynolds
13. Birthplace Missouri
14. Maiden name Mary E. Lankford
15. Birthplace Missouri

16. (a) Informant Kenneth Reynolds
(b) Address Joplin, Mo. 528 N. Sargent

17. (a) Burial (b) Date thereof 3-17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Seneca, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Seneca, Mo.

19. (a) Mar 17-1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1941 hour 2 minute 12 A.M.

21. I hereby certify that I attended the deceased from Apr 1 to Mar 16, 1941
that I last saw him live on Mar 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulm. Tuberculosis
Duration 17 M

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

545 (Specify type of place) _____
While at work? _____ (e) Means of Injury _____

23. Signature [Signature] (M. D. or other) _____
Address Seneca Mo Date signed 3-18-41

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

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RECEIVED

District Health Officer No. 6

District File Number 441-554

Date Filed APR 7 1941

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.....

James Weldon Buzzard, Registered Apprentice No. 239
working under my personal supervision.

Signed W. W. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca 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, above space should be left blank.