

FILED FFR 10 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 105

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 46 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 317 N. 19th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elmer Reynolds

3. (b) If veteran, name war None 3. (c) Social Security No. 493-18-444

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Delpha Reynolds 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased January 25 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 0 6 hr. min.

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

10. Usual occupation Coal Dealer

11. Industry or business

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Rody Moore
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Delpha Reynolds
(b) Address 317 N. 19th St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Feb. 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Norman W. S. S. S. S.
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Feb. 2, 1942 (b) H. J. Nettles
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1942 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov. 24
1941 to Jan 31 1942
that I last saw him alive on Jan 30 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of Rt. Femur. pulmonary metastases
Duration 2 mo.

Other conditions Myelogenous Leukemia
(Include pregnancy within 3 months of death) Unknown

Major findings: 558 PHYSICIAN
Of operations
Of autopsy Same as above.
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 1 mo
23. Signature J. J. Marshall (M. D. or other)
Address 1802 Union Str. St. Joseph, Mo. Date signed 2/3/42

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.....

Albert C. Harrington

Licensed Embalmer No.....

3258

P. O. Address.....

St Joseph, 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.