

FILED FEB 13 1942

Registration District No. **471**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin, Mo.**
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: **603 Persimmon St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **36 years.** years, months or days

3. (a) PRINT FULL NAME **Harriet Rebecca Reynolds**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married. **2 divorced, widowed**

6. (b) Name of husband or wife **Robert T. Reynolds** 6. (c) Age of husband or wife if alive **deceased 49 years**

7. Birth date of deceased **March 15 1896**
(Month) (Day) (Year)

8. AGE: Years **85** Months **10** Days **1** If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Lempson Waddell**

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

14. Maiden name **Sarah J. Reynolds**

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

16. (a) Informant **James B. Reynolds**

(b) Address **2201 1/2 Joplin, Mo.**

17. (a) **Funeral** (b) Date thereof **1-19-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Park Cem.**

18. (a) Signature of funeral director **Thomas Hill Dillon Mortuary**

(b) Address **Joplin, Mo.**

19. (a) **1-17-42** (b) **Ed D James**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **603 Persimmon**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **16**
year **1942** hour **4** minute **2** A.M.

21. I hereby certify that I attended the deceased from **2-7-40**
_____ 19, to **1-16-42** 19;
that I last saw her alive on **1-16-42** 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Senility
Chr. Myocarditis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: **93d**
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury **2**

23. Signature **Dr. F. Freeman** (M. D. or other)
Address **Joplin, Mo.** Date signed **1-19-42**

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..... *David Dillion*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, 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.