

FILED AUG 13 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 295

49
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1309 Jackson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

In this community 35 years

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. 1309 Jackson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME George M. Reynolds

3. (b) If veteran, name war * * *

3. (c) Social Security No.

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 13 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>10</u>	<u>4</u>	hr. min.

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

10. Usual occupation Common laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Ebenizer E. Reynolds

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Shouse

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant J. B. Reynolds

(b) Address 2202 Kentucky

17. (a) Burial (b) Date thereof 7/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem Hurlbut Und. Co

18. (a) Signature of funeral director.....

(b) Address Joplin, Mo.

19. (a) 7-17-42 (b) Gertrude Sudhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1942 hour 12:30 minute 0 M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him not see him above and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Chronic alcoholism

Due to.....

Other conditions 940
(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?.....

23. Signature R. V. Abstel (Specify type of place) 3
(M. D. or other)

Address Carthage Mo. Date signed July 18 1942

42.7.638

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 Perry N. Schubert

Licensed Embalmer No. 3979

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.