

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1942 18

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

35821

State File No.

Registrar's No. 9409

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town
(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
In this community **5 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Florida** (b) County
(c) City or town **Jacksonville**
(If outside city or town limits, write "RURAL")
(d) Street No. **554 Gilmore Street**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **L**

3. (a) PRINT FULL NAME **Edith Mary 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, divorced, **married**
6. (b) Name of husband or wife **John F. Reynolds** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **July 14 1887**
(Month) (Day) (Year)

8. AGE: Years **55** Months **3** Days **23** If less than one day hr. min.

9. Birthplace **Stone Lake Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

MOTHER FATHER
12. Name **Herbert Malton**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Rochel**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **John F. Reynolds**
(b) Address **554 Gilmore, Jacksonville, Fla**

17. (a) **Burial** (b) Date thereof **Nov 10 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Stone Lake Iowa**

18. (a) Signature of funeral director **J. F. Bradick**
(b) Address **1168 Washington St**

19. (a) **NOV 10 1942** (b) **J. F. Bradick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **9**
year **1942** hour **2** minute **10** P.M.

21. I hereby certify that I attended the deceased from **November 4 1942** to **November 9 1942**; that I last saw **her** alive on **November 9, 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Atelectasis of left Lung**

Due to **56**

Other conditions **Tumor of lung**
(Including pregnancy within 3 months of death)
Non-malignant

Major findings: **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 **J. F. Bradick** (M. D. or other)
Address **BARNES HOSPITAL** Date signed **11-9-42**

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

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 Philip M. Craig
Licensed Embalmer No. 3281
P. O. Address 4468 Washington

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.