

FILED DEC 10 1943

State File No. _____

Registrar's No. 358

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Southeast Mo. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
In this community 12 hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural 016
(If outside city or town limits, write "RURAL")
(d) Street No. Cape R.F.D. # 1 0
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Dudley Reynolds

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

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Johnson
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 17th 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 9 2 hr. min.

9. Birthplace Neelys Landing Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James H. Reynolds
13. Birthplace Cape Gir. Co. Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Alice Davenport
15. Birthplace Oak Ridge Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Reynolds

(b) Address Cape R.F.D. # 1 Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 11-21-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iona Cent.

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

(b) Address Cape Girardeau Mo.

19. (a) 11-23-43 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th
year 1943 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from 11/18 1943 to 11/18 1943
that I last saw him alive on 11/19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Embolus coronalis Duration 14 hrs.
of the B. 3 shoulder & axilla
(Accident)

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

Major findings: Basilar artery severed PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Embolus coronalis 016
(b) Date of occurrence 11/18-43 Accident
(c) Where did injury occur Cape Girardeau County Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Organism

While at work? no (Specify type of place) (2) Means of injury Embolus

23. Signature George H. Shaker (M.D. or other) _____
Address Cape Girardeau Date signed 11/19/43

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

RECEIVED

District Health Office ~~20 14~~ ⁴-----
District File Number 243-304-----
Date Filed 12-8-43-----

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 Howard B. Howard-----

Licensed Embalmer No. 4122-----

*P. O. Address Cape Girardeau-----

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.