

State File No. _____

FILED JAN 16 1948

Primary Registration District No. 2001

Registrar's No. 609

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution 220 1/2 West 4th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Madison
(If outside city or town limits, write "RURAL")

(d) Street No. 10012 Madison
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Donald Earl Hill Reynolds

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 28/40
1940 to Dec 18 1944
that I last saw him alive on Dec 4 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian C Reynolds 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 30 1883
(Month) (Day) (Year)

Immediate cause of death Ch. Myocarditis Duration 2 yr

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 61 Months 6 Days 12 hr. _____ min. _____

9. Birthplace Geneva, Va 2nd
(City, town, or county) (State or foreign country)

10. Usual occupation General Manager

11. Industry or business Independent Travel Co

12. Name Alfred W. Reynolds

13. Birthplace Uniontown, Pa
(City, town, or county) (State or foreign country)

14. Maiden name Drace

15. Birthplace Uniontown, Pa
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian C Reynolds

(b) Address West 4th St

17. (a) Burial (b) Date thereof Dec 21 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director West 4th Street Co

(b) Address West 4th St

19. (a) 12-20-44 (b) Arthur S. Redhammer
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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?
(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature J. Reynolds (M. D. or other) _____
Address Golden Ave Date signed 1/2/48

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

+9
2
5

44-2-1053

FEB 16 1945

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 myself,
....., Registered Apprentice No.....
working under my personal supervision.

Signed Clayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City - 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.