S. No. 2
M—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8824

Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Clark
(b) City or town Kahoka
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clark
(c) City or town Kahoka
(If outside city or town limits, write "RURAL")
(d) Street No. 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Forest A. Reynolds
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm N. Reynolds
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Feb (Month) 12 (Day) 1873 (Year)

8. AGE: Years 72 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Scotland Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Marion N. Haines
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Howard
15. Birthplace Scotland Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Wm N. Reynolds
(b) Address Kahoka Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Kahoka Cemetery
18. (a) Signature of funeral director Fred Harle
(b) Address Kahoka Mo.
19. (a) 2-25-46 (Date received local registrar) (b) J R Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st year 1946 hour 8 minute 30A M.

21. I hereby certify that I attended the deceased from Jan. 1 1946 to Feb. 1 1946 that I last saw h alive on Feb. 1 - 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to
Due to Arterial Sclerosis
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J R Bridges (M. D. or other)
Address Kahoka Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 19
District File Number 3-46-516
Date Filed MAR 16 1946

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 Fred J Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.