

FILED JAN 13 1947

State File No. _____

Registration District No. 142

Primary Registration District No. 3636

Registrar's No. 57

1. PLACE OF DEATH:
 (a) County Howell
 (b) City or town Mountain View, Mo
 (If outside city or town limits, write "RURAL" and angle of township)
 (c) Name of hospital or institution: NO
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO (Specify whether
 In this community Three Years
 years, months or days)

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

3. (a) PRINT FULL NAME Thomas M. Reynolds
 3. (b) If veteran, name war World War 1
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec, day 30th
 year 1946 hour 5 minute _____ P. M.

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nancy E Reynolds
 6. (c) Age of husband or wife if alive 55 years

21. I hereby certify that I attended the deceased from
Oct 1945, to Dec 29 1946
 that I last saw him alive on Dec 29 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Metastatic carcinoma of lung Duration _____

7. Birth date of deceased: April 15th
 (Month) (Day) (Year)
 8. AGE: * Years 67 Months 8 Days 15
 If less than one day, hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Alabama
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farming

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name William Reynolds
 13. Birthplace Not Known
 (City, town, or county) (State or foreign country)
 14. Maiden name Not Known
 15. Birthplace Not Known
 (City, town, or county) (State or foreign country)

16. (a) Informant Nancy E. Reynolds
 (b) Address Mountain View, Mo
 17. (a) Burial (Burial, cremation, or removal) Jan Dec 2, 47
 (Month) (Day) (Year)
 (c) Place: burial or cremation Mountain View, Mo
 18. (a) Signature of funeral director Joe S. Duncan
 (b) Address Mountain View, Mo
 19. (a) 1-9-47 (Date received local registrar) (b) Laura Mitchell (Registrar's signature)

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 2
 23. Signature Stanley Bannum (M. D. or other) CC
 Address Mountain View Date signed 1-6-47

2661 ST 700

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

Joe S. Duncan

Licensed Embalmer No. 4325

P. O. Address *Winton View, Ind*

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.