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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1946

Registration District No. 219

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41412

Primary Registration District No. 5791

Registrar's No. 9

1. PLACE OF DEATH:

(a) County MONITEAU

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Enon 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME JEFFERSON DAVIS REYNOLDS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife ANNIE ROARK REYNOLDS

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased ..... (Month) ..... (Day) ..... (Year)

8. AGE:

Years	Months	Days	If less than one day
66	8	8	..... hr. ..... min.

9. Birthplace Miller, Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name John E. REYNOLDS
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name MARY Wilhelm
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Annie Reynolds
(b) Address Enon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-~~10~~ 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Louis D. Phillips
(b) Address Eldon, Missouri

19. (a) 12/11/1946 (Date received local registrar) (b) C. H. Nail (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1946 hour 6 minute [illegible]

21. I hereby certify that I attended the deceased from 12/3 ....., 1946 to 12/6 ....., 1946
that I last saw him alive on 12/5 ....., 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	3 days
Due to	
Due to Myocarditis	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93E
Of autopsy .....

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) 0

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

23. Signature G. D. Walker (M. D. or other)
Address Eldon Mo Date signed 12/3/46

198

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 1954

JUL 8 1954

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 James D. Phillips

Licensed Embalmer No. 3669

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.