

S. No. 2  
 M-8-43  
 5-17-39  
 P1 X37823

5320

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 12 1947

Registration District No. 175

Primary Registration District No. 9096

Registrar's No. 15

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

1. PLACE OF DEATH:  
 (a) County Laurens  
 (b) City or town Aurora, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
702 South Madison 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community 44 yr  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Laurens 53  
 (c) City or town Aurora, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 702 Madison  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Ernest Nathan Reynolds  
 3. (b) If veteran, name war NO  
 3. (c) Social Security No. NO RE

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 15  
 year 1947 hour 8 minute 45 P.M.  
 21. I hereby certify that I attended the deceased from July 1, 1947  
July 15, 1947  
 that I last saw him alive on July 15, 1947  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Coronary Thrombosis  
 Duration

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced single  
 6. (c) Age of husband or wife if alive single years  
 7. Birth date of deceased May 16, 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 8 29 hr. min.

9. Birthplace Laurens  
(City, town, or county) (State or foreign country)

10. Usual occupation Business

11. Industry or business

12. Name John Reynolds 1  
 13. Birthplace Laurens  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sophie Kelley 0  
 15. Birthplace Ash Grove, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ross Reynolds  
 (b) Address 702 Madison (Aurora, Mo.)

17. (a) Burial (b) Date thereof 2/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park (Aurora, Mo.)

18. (a) Signature of funeral director Jason L. Marsh  
 (b) Address Aurora, Mo.

19. (a) 2-28-47 (b) Oran Mc Nott  
(Date received local registrar) (Registrar's signature)

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

Major findings:  
 Of operations.....  
 Of autopsy gfh  
 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?

While at work?.....  
(Specify type of place) (e) Means of injury

23. Signature W.B. Huron (M. D. or other)  
 Address Aurora, Mo. Date signed Feb 15, 1947

RECEIVED

District Health Officer No. 0;

District File Number 347-292

Date Filed MAR 6 1947

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 Carroll L. Marsh

Licensed Embalmer No. 3812

P. O. Address Amira 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.