

FILED MAY 5 1947
Registration District No. _____

Primary Registration District No. **3028**

Registrar's No. **94-**

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune Brooks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 2 hours
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 9 miles N.E. Lamar
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gary Dean 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 single
6. (b) Name of husband or wife NO 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 6 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 6 27 hr. min.

9. Birthplace Lamar, Barton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation XXX

11. Industry or business XXXXX

12. Name James Wilson Reynolds
13. Birthplace Barton Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alta Andrews
15. Birthplace Barton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James W. Reynolds
(b) Address Lamar, Missouri
17. (a) Burial (b) Date thereof 4-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moorehead Cemetery
18. (a) Signature of funeral director Gibson Funeral Home
(b) Address Lamar, Missouri
19. (a) 4-21-47 (b) L.B. Clement
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1947 hour 12:15 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage
Due to Train wreck - by car that train ran into on highway #160 - Mo. Pae. R.R. - Dead, M.E. in operations - Hospital Carthage - no. 3 Johnson
Duration _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Operations - Hospital Carthage - no. 3 Johnson
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) Accident
(b) Date of occurrence 4/13/47
(c) Where did injury occur? Lamar Barton Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place - Car that
While at work? no (c) Means of injury train
23. Signature M.W. Verfelt (M. D. or other) _____
Address 2114 J. Phelps Date signed 4/13/47

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

19
1
3

47-3-264

AUG 20 1958

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.....

Licensed Embalmer No. 2299.....

P. O. Address. Lamar, Missouri.....

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.