

FILED JUL 11 1947

State File No.

Registration District No. 741

Primary Registration District No. 3025

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Howell
(b) City or town WEST PLAINS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence
(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 8 years
years, months or days)

3. (a) PRINT FULL NAME CARY DUNCAN REYNOLDS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Mary Jane Reynolds 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 29, 1855
(Month) (Day) (Year)

8. AGE: Years 91 Months 5 Days 14 If less than one day
hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name Robert Alton Reynolds
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Ann Elizabeth Suddarth
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Austin
(b) Address West Plains, Mo.

17. (a) Mackey Cem. (b) Date thereof June 15, 1947
(Burial or cremation) (Month) (Day) (Year)
(c) Place: burial or cremation Dry Creek Twp, Howell County, Mo.

18. (a) Signature of funeral director Hal Flournoy
(b) Address West Plains, Mo.

19. (a) June 19-1947 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46
(c) City or town West Plains
(If outside city or town limits, write "RURAL")
(d) Street No. South Hill
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13,
year 1947 hour 3: minute 30a. M.

21. I hereby certify that I attended the deceased from 22/11 to 1947 6/13 1947
that I last saw him alive on 5/13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
Due to Senility
Due to
Other conditions 93D
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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?

23. Signature Attoyan (Specify type of place) (e) Means of injury
Address West Plains, Mo. Date signed 6/18/47

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

RECEIVED

Dis

5
147357
7-8-47

JUL 27 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.....

S. L. Duncan

Registered Apprentice No. **390**

working under my personal supervision.

Signed

Hal Homburg

Licensed Embalmer No. **3408**

P. O. Address **West Plains, 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.