

FILED JUL 8 1948

State File No. _____

Registration District No. 2

Primary Registration District No. 3012

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution:
102 E. Pleasant
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

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

(d) Street No. 102 E. Pleasant
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Arthur C. Reynolds

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced D 3

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 12 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74	9	2	min.
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9. Birthplace Bates Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Daniel Reynolds

13. Birthplace _____ Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Margarete Wiles

15. Birthplace _____ Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Reynolds
(b) Address Butler, Mo.

17. (a) Burial (b) Date thereof 6-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Cemetery

18. (a) Signature of funeral director J. S. Underwood
(b) Address Butler, Mo.

19. (a) 6-12-48 (b) Kendall Perry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1948 hour 10 minute - AM.

21. I hereby certify that I attended the deceased from 9 1947
June 10 to June 10, 48, 19____;
that I last saw him alive on June 10, 48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Age

Other conditions (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? _____

While at work? 0

23. Signature B. W. White
Butler, Mo. Date signed 6/12/48

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 6-48-747

Date Filed 7-7-48

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

Robert D Steinbeck

, Registered Apprentice No. 200

working under my personal supervision.

Signed

John D Andrew

Licensed Embalmer No. 3585

P. O. Address Butler 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.