

WHITE PLAIN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 14 1948

Registration District No. **44**

Primary Registration District No. **4060**

Registrar's No. **25-**

1. PLACE OF DEATH:

(a) County **Caldwell**

(b) City or town **Breckenridge**
(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 years, months or days)

In this community **50 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Caldwell**

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

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

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Nathaniel Enyart Reynolds**

3. (b) If veteran, name war **No**

3. (c) Social Security No. _____

4. Sex **M** **5. Color or race** **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bonnie C. Reynolds**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **August 27, 1888**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24** year **1948** hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from **Feb. 28, 1948** to **July 24, 1948**

that I last saw him alive on **July 23, 1948** and that death occurred on the date and day stated above.

8. AGE:

Years	Months	Days	If less than one day
59	10	27	X hr. X min.

Immediate cause of death **nephritis**

Due to **unknown**

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

10. Usual occupation **Real Estate Agent**

11. Industry or business **Real Estate**

Duration **1 year**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name **Noah Lenox Reynolds**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Madeleen Tomlin**

15. Birthplace **Carroll Co., Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations: _____

Of autopsy: _____

16. (a) Informant **Mrs. Bonnie C. Reynolds**

(b) Address **Breckenridge, Missouri**

17. (a) Burial (b) Date thereof **July 26, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Breckenridge, Mo.**

18. (a) Signature of funeral director **Gene C. Michael**

(b) Address **Braymer, Missouri**

19. (a) Aug. 5, 1948 (b) **Mrs. Nell B. Jones**
(Date received local registrar) (Registrar's signature)

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)

Means of injury? _____

23. Signature **J. Calvert** (M. D. or other) _____

Address **Breckenridge, Mo.** **Date signed** **7/25/48**

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 _____

Registered Apprentice No. _____

~~working under my personal supervision.~~

Signed _____

Lene C. Michael

Licensed Embalmer No. _____

4340

P.O. Address _____

Braymer, 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.