

STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1948
Registration District No. 219

Primary Registration District No. 5791

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution: 3 mi W. High Point
(If not in hospital or institution, write street number or location)

(d) Length of stay: lifetime (Specify whether years, months or days)

In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

(d) Street No. 3 mi West High-Point
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME BRANDERSON-CATLET-REYNOLDS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex MALE 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LEONA - Reynolds

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased JUNE 2 1875
(Month) (Day) (Year)

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

72 11 26 hr. min

9. Birthplace Miller Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING - GENERAL

11. Industry or business FARM

12. Name John Reynolds

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

14. Maiden name MAY - Wilhelm

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

16. (a) Informant LEONA - Reynolds

(b) Address TARNETT MO

17. (a) BURIAL (b) Date thereof MAY 20 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High-Point-Cem

18. (a) Signature of funeral director [Signature]

(b) Address ELDON MO

19. (a) 5/30/48 (b) C.H. Maltz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28
year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 48
19....., to May 28 1948
that I last saw him alive on Apr 15 48, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to hypertension

Due to

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? 0 (e) Means of injury 0

23. Signature E. O. Shelton (M. D. or other)

Address ELDON MO Date signed 5/29/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

ST MR

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 Keith M. Kaye
Licensed Embalmer No. 3998
P. O. Address Eldon 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.