

No. 2
-5-43
-17-39
X36671

FILED NOV 5 1948

State File No. _____

Registration District No. 217

Primary Registration District No. 5791

Registrar's No. 14

1. PLACE OF DEATH: Moniteau

(a) County MONITEAU

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

(c) Name of hospital or institution: 3 mi - S - E - High Point - 1
(If not in hospital or institution, file street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life-Time 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 - S - E - 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 LEONA-MAE Reynolds

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife GRANT- Reynolds 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased NOV. 12 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation HOUSE-WIFE

11. Industry or business AT-HOME

12. Name William-Nail

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name CASSIE- EVANS

15. Birthplace unknown ILL 1
(City, town, or county) (State or foreign country)

16. (a) Informant William- Reynolds

(b) Address BARNETT- MO

17. (a) RURAL (b) Date thereof Oct-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Robert McFay

(b) Address ELDON MO

19. (a) 10/27/48 (b) C.H. Nail 198
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25 year 1948 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct. 18 1948 to Oct. 25 1948
that I last saw her alive on Oct. 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 120h

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

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? _____ (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)

23. Signature Walter L. Leslie (M. D. or other)

Address Russellville, Mo Date signed 10-26-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9
District File Number
Date Filed Nov 4 1948

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.