

Registration District No. 53

Primary Registration District No. 3010

State File No.

Registrar's No. 96

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 25 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 843 Jefferson St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Burley L. Reynolds
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 3rd
year 1944 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Feb. 19 1944, to March 3 1944,
that I last saw him alive on March 2 1944,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eunice Ellis 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased November 1st 1892
(Month) (Day) (Year)

Immediate cause of death
Chronic cholecystitis
Paralytic ileus
Due to Cholecystectomy
Duration
3 yrs
3 days
5 days

8. AGE: Years Months Days If less than one day
51 4 2 hr. min.

Other conditions (Include pregnancy within 3 months of death)
12481
Major findings: Chronic cholecystitis with hepatitis and cirrhosis of liver
Of autopsy no autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Truck Operator for

11. Industry or business Marion Trucking Co.

MOTHER FATHER { 12. Name Lee Reynolds
13. Birthplace Pocahontas Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alice Russian
15. Birthplace Murphysboro Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eunice Reynolds
(b) Address Cape Girardeau Mo.

17. (a) Burial (b) Date thereof 3-05-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L.L. Haman
(b) Address Cape Girardeau, Missouri

19. (a) 3-8-44 (b) G. W. Phelps
(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) (e) Means of injury.
23. Signature P. G. Ritter, M.D. (M. D. or other)
Address Cape Girardeau, Mo. Date signed 3-8-44

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

1064

RECEIVED

District Health Officer No. 7

District File Number 444-365

Date Filed 4-7-44

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 Howard S. Haman

Licensed Embalmer No. 4122

P. O. Address Capt. General

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.