

FILLED JUN 6 1941
 JUN 6 1941

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

17468 / 6
 Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Registration District No. 131
 (b) Township RANDOL Primary Registration District No. 5182
 (c) City Cape Girardeau (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice L. Davenport Reynolds
 (a) Residence, No. Cape Gir. R. F. D. # 1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Reynolds
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Ridge, Mo.

FATHER
 13. NAME Harrison Davenport
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
 15. MAIDEN NAME Mary Taylor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) James Davenport Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ioana Cemt DATE May 11 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. L. Haman Cape Girardeau Mo.

20. FILED May 29 1941 Mrs William R. Erwin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1941
 22. I HEREBY CERTIFY, That I attended deceased from April 26, 1941 to May 5, 1941
 I last saw her alive on May 5, 1941 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:
Progressive Paralysis
Heart disease
 Date of onset 1950

Other contributory causes of importance:
Heart disease

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. Miller M. D.
 (Address) Old Appleton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH CONTINUING INK—THIS IS A PERMANENT RECORD

1 X14625

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,

Earl J. Smith

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Earl J. Smith

Licensed Embalmer No.....

3676

P. O. Address.....

Cap. Girard Ave, N

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, above space should be left blank.