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

Do not use this space.

36462

File No. 78

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 826

Township: Wayne — Primary Registration District No. 5128

City ..... (No. Kenmour Bend In Missouri River St. ..... Ward)

2. FULL NAME George Theodore Reiss

(a) Residence. No. ..... St., ... Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 12, 1910.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	2	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Construction Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Vilhorn Bowen & Peters CO

9. BIRTHPLACE (CITY OR TOWN) Davenport,
(STATE OR COUNTRY) Iowa.

PARENTS

10. NAME OF FATHER: Charles T Reiss

11. BIRTHPLACE OF FATHER (CITY OR TOWN) McGregor,
(STATE OR COUNTRY) Iowa.

12. MAIDEN NAME OF MOTHER: Aline Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richmond,
(STATE OR COUNTRY) Virginia

14. INFORMANT: Charles T Reiss
(Address) 8803 Smart Ave Kansas City, MO.

15. FILED Nov 9, 19 29 — J J Barnhart, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6th 19 29

17. I HEREBY CERTIFY, That I attended deceased from Viewed On ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Drowning in Mo. River in Buchanan County near Kenmore Bend

183 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) B W Todd C K Coroner, M. D.
Nov. 8, 19 29 (Address) St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Washington Cemetery Kansas City, Missouri.
DATE OF BURIAL: Nov. 10 19 29

20. UNDERTAKER: H O Siderfaden
ADDRESS: 1802 Union Ste

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

WRITE PLAINLY, WITH UNFADING INK. DO NOT FOLD.

40-18-1929

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