

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

Do not use this space.
9851

1. PLACE OF DEATH **23 1938**
Jackson Registration District No. **279**
(a) County **Kaw** Primary Registration District No. **100**
(b) Township **Kaw**
(c) City **Kansas City, Mo.** (d) Street No. **St. Joseph, Mo.** 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.

Registered No. **1316**

2. PRINT FULL NAME **William P. Rea** **000**
(a) Residence, No. **1001 E 26th St.** St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary L. Rea				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1883				
7. AGE	YEARS 55	MONTHS 1	DAYS 15	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Fireman			
	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) Missouri 0				
FATHER	13. NAME Elias M. Rea 0			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0			
MOTHER	15. MAIDEN NAME Nancy Rouard			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
17. INFORMANT Leafah Rea, 1001 E 26th St. (ADDRESS) Kansas City, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Mar. 26th 1938				
19. FUNERAL DIRECTOR C.H. Blackman & Son, Inc. (ADDRESS) 2825 Indep. Blvd. K.C. Mo.				
20. FILED Mar 25 3 38 PM '38 W. P. Crow Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	March 24th, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938 , to Mar 24, 1938 I first saw him alive on March 23, 1938 . Death is said to have occurred on the date stated above, at 12:30 m. AM The principal cause of death and related causes of importance were as follows: Coronary atherosclerosis Date of onset 131 Chro. Glomerulonephritis + Hypertension	
Other contributory causes of importance:	
Name of operation No	Date of
What test confirmed diagnosis?	Was there an autopsy? Yes
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? No If so, specify (Signed) W. P. Fish M. D. (Address) 927 Long Leberly	

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.

Dr. W. L. Gist, ARSVA
Vic 8665
BIDE.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

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.)