

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

31472
 Do not use this space.

1. PLACE OF DEATH 15 1938
 (a) County Jackson Registration District No. 399
 (b) Township Taw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 3401 Indiana Registered No. 3769
 (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 Pattie Reardin 635
 (a) Residence, No. 3401 Indiana 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 - 1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 10 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) Kentucky
 FATHER 13. NAME Robert S Reardin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER 15. MAIDEN NAME Helen Beatty
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) James P. Reardin
Raytown, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Int Wash DATE 9-28 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rose Henderson
15 + Jackson
 20. FILED Sept 27 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug - 10 1938, to Sept 26 1938
 I last saw him alive on Sept 21 1938. Death is said to have occurred on the date stated above, at 6:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Cirrhosis of Liver Date of onset 12/6/38
 Other contributory causes of importance:
Chronic Myocarditis
Compensating Quasakia
General
 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) U. H. McEwain M. D.
 (Address) 5919 Newwood Ave

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 J McElvain
5919 Kenwood
Hi 2554

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.....

Licensed Embalmer No.....

P. O. Address.....

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.