

REC'D MAR 9 1939

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

5360

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 559  
 (c) City Kansas City (d) Street No. Trinity Lutheran Wash 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

(a) Residence, No. 310 Mrs. Mary Elizabeth Reed St.   
La Salle Hotel (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 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 Charles E. Reed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-23-1893  
 7. AGE YEARS 48 MONTHS 0 DAYS 16 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
 9. Industry or business in which work was done, as saw mill, bank, etc. At home  
 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  
 FATHER 13. NAME John Broese  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) Charles E. Reed  
La Salle Hotel  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Pk DATE 2/14/39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McQuire  
Kansas City, Mo.  
 20. FILED 2-10-1939 M. M. Crow, Cash Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939, to Feb 9, 1939  
 That saw her alive on Feb 9, 1939. Death is said to have occurred on the date stated above, at 4:30 A. m.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
(double)  
108

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19Where 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 injury24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify(Signed) Chas. F. Clark, M. D.(Address) Brygyle Bldg.

*Handwritten notes:*  
A. L. G. and ...  
DIP. P. L. E. 1346/P.  
The office  
9 10 11 12 13 14 15 16 17 18

**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.**