

1630 APR 25 1939

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

9831
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Bar Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. Lakeside Hospital 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

2071 Baby Reece
 (a) Residence, No. 3238 College 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 Male 4. COLOR OR RACE White 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) Apr. 10, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 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) Kansas City, Missouri

FATHER 13. NAME C. O. Reece

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anadarko, Okla.

MOTHER 15. MAIDEN NAME Jean Hilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

17. INFORMANT (ADDRESS) C. O. Reece, 3238 College, K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Washington Cemetery, Kansas City, Mo. DATE Apr. 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Clark Agent, Raytown, Mo.

20. FILED Apr 11, 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1939

22. I HEREBY CERTIFY That I attended deceased from Still Birth on April 10, 1939, 19____
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Anoxemia Date of onset ?
Pulmonary Atelectasis ?
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? None 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 no
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) H. V. Wittenberg, D.O.
 (Address) 214 Bright Beach, 31st Street

WRITE PLAINLY, WITH UNWAIVING INK---THIS IS A PERMANENT RECORD
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.

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.

C. Clark Ferguson

....., or by

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

Signed

C. Clark Ferguson

Licensed Embalmer No. *3983*

P. O. Address

Raytown Mo

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.