

REC'D JUN 8 1939

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

17654

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson ² Registration District No. 395
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2056
(c) City or Kansas City / (d) Street No. 4038 Michigan 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. 8 mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME James E. Reed

(a) Residence, No. 4038 Michigan 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1851.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 4 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Carpenter
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) Illinois !

FATHER 13. NAME Benjamin Reed ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know 9

MOTHER 15. MAIDEN NAME Dont know 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT James E. Reed
(ADDRESS) 3272 Oak Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada, Mo. DATE 5-17-39 19

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary
(ADDRESS) Kansas City, Mo.

20. FILED May 17 39 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1939

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1939, to May 17, 1939

I last saw him alive on May 17, 1939. Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

Date of onset

5/17/39

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? NO

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) S. M. Bair M. D.
(Address) 404 1/2 W 75th St. Mo

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.