

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

24441

Do not use this space.

1. PLACE OF DEATH *1939*

(a) County Jackson / Registration District No. 399

(b) Township Kaw / Primary Registration District No. 1002

(c) City Kansas City (d) Street No. St. Marys Hospital / Registered No. 2654

(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Cecilia REULE.

(a) Residence, No. 3004 East Linwood Blvd. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Reule.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hra. or .....min.
	65	6	13	

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. r

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Louisville / (STATE OR COUNTRY) Kentucky. / 1

FATHER

13. NAME John O'Maley / 5

14. BIRTHPLACE (CITY OR TOWN) Ireland / (STATE OR COUNTRY) 5

MOTHER

15. MAIDEN NAME Sarah O'Conner

16. BIRTHPLACE (CITY OR TOWN) Ireland. / (STATE OR COUNTRY) 5

17. INFORMANT (ADDRESS) Joe Rule. / 3004 East Linwood Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's / DATE 7/1/39. / 19.

19. FUNERAL DIRECTOR (NAME) Hellody-McGilley. / (ADDRESS) K. C. Mo.

20. FILED July 2, 1939 / M. M. Browne / Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1939

22. I HEREBY CERTIFY That I attended deceased from June 9, 1939, to June 29, 1939

Last saw her alive on June 28, 1939 Death is said to have occurred on the date stated above, at 11:11A.M.

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

Thrombosis of Coronary Artery

Artery

Other contributory causes of importance: 59  
Senility & Diabetes Mellitus

Name of operation..... 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) J. N. Owens, M. D.  
 (Address) 17. Aus City, Mo.

WRITE PLAINLY, WITH UNFADING 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.

DR. P.H. Owens.  
Hialeah, Fla.  
906 Bond.

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**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.**