

FEB MAR 11 1941  
399MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

5657

Registrar's No.

882

Registration District No.

Primary Registration District No.

1002

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
K.C. Gen. Hosp. No. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 13 days  
 (Specify whether  
 years, months or days)

## 3. (a) PRINT FULL NAME

100 Caroline Mary Reeva3. (b) If veteran,  
name war.NO3. (c) Social Security  
No.NO

4. Sex

Female5. Color or  
raceW6. (a) Single, widowed, married,  
divorcedWid.

6. (b) Name of husband or wife

A. G. Reeva6. (c) Age of husband or wife if  
aliveyears

7. Birth date of deceased

April 14 1855  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

841011

hr. min.

9. Birthplace

Quinn  
(City, town, or county)

(State or foreign country)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

12. Name

John Dianna

13. Birthplace

Belmond  
(City, town, or county)

(State or foreign country)

14. Maiden name

Anna Ferguson

15. Birthplace

Perth  
(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Mrs. A. M. Perkins

(b) Address

3248 E 28th St.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Feb. 27 - 40  
(Month) (Day) (Year)

(c) Place: burial or cremation

Met. House

18. (a) Signature of funeral director

James McClure

(b) Address

3235 S. Main, Plaza19. (a) 2-26-40

(Date received local registrar)

(b) M. M. Reeva

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3248 E. 28th St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th  
 year 1940 hour 5:00 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  
2-12-40, 19\_\_\_\_, to 2-25-40, 19\_\_\_\_;

that I last saw h. et alive on 2-25-40, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Fracture of left tibia and fibula  
caused by accidental fall

Due to

Due to

Other conditions Senility  
(Include pregnancy within 3 months of death)Major findings:  
Of operations

Of autopsy

None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence 2-12-40  
 (c) Where did injury occur? at home  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

Fall

23. Signature R. F. De Maria M.D. (M. D. or other)  
Supt. K.C. Gen. Hospital, K.C. Mo. 2-26-40  
 Address Date signed

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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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. *3992*

P. O. Address *KC 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.**