S. No. 2
—11-10-39
. 5-17-39
I XZ1492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11191

FEB APR 23 1940

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 99

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 805 N. Osage (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence (If outside city or town limits, write "RURAL") O
(d) Street No. 805 N. Osage (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Leroy Sylvester Reed
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Febr. 27, 1914 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
26	1	4	hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Actor
11. Industry or business
12. Name Leroy Reed (Father)
13. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
14. Maiden name Gertrude Griggs (Mother)
15. Birthplace Independence (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Gertrude Reed
(b) Address 805 N. Osage
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 1, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Hill Appleton & Jones Inc
(b) Address 1905 Vine St.
19. (a) March 31-40 (Date received local registrar) (b) H. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26 year 1940 hour 11:35 minute A. M.
21. I hereby certify that I attended the deceased from Mar 1-26 19 40 to Mar 26 19 40 that I last saw him alive on Mar 24 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B. — Duration
Due to ?
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No
While at work (Specify type of place) (e) Means of injury
23. Signature G. H. Brown (M. D. or other)
Address 1706 E. 12 St Date signed Mar 29 40

(Licensed Embalmer's Statement on Reverse Side)

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 E. H. West

Licensed Embalmer No. 2710

P. O. Address 190 S. Vine St

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.