

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17712
Registrar's No. 2239

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1310 Garfield Avenue 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life
years, months or days

3. (a) PRINT FULL NAME Ralph McReynolds 265
8. (b) If veteran, name war No 3. (c) Social Security No. 513-01-9532

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary McReynolds 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased January 2, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 4 25 hr. min.

9. Birthplace Kansas City, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business _____

12. Name Sam McReynolds

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha McDaniel

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harry M. Reynolds

(b) Address 436 Washington Blvd

17. (a) Burial (b) Date thereof 5/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemegery

18. (a) Signature of funeral director Alise Bailey

(b) Address 2065 N. 5th, Kans. City, Kans.

19. (a) May 31, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 Garfield Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 Day 28 Year 40
hour _____ minute 5 M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Idempertoma 96
Duration _____

Due to Applied Anesther Admittal Code
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? 361

While at work? _____ (Specify type of place)
(e) Means of Injury 5

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed _____

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.

Form 101

April 1, 1910

101-101-101

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 _____

Edw. H. Adams

Licensed Embalmer No. 3836

P. O. Address 1814 E. W. St. N. C. W.

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.