

FILED JUL 15 1940
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2357**

3430

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

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: none
2651 Victor Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days) 5 1/2

3. (a) PRINT FULL NAME Mary Jeanette Reymann
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife RANK 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 9 - 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Oceanic - Ill
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____
12. Name Rufus W. Sheldon
13. Birthplace Penn
(City, town, or county) (State or foreign country)
14. Maiden name Precilla Walker
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant R. E. Cozart
(b) Address 2651 Victor Kemo

17. (a) Cremation (b) Date thereof 6-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cremation

18. (a) Signature of funeral director Suddarth
(b) Address 6900 Howard - K. C. Mo.

19. (a) June 9, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2651 Victor
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Amor years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7
year 1940 hour 8 minute 45 p. M.

21. I hereby certify that I attended the deceased from June 7, 1940
14th, 1940 to June 7, 1940
that I last saw her alive on June 7, 1940
and that death occurred on the date and hour stated above

Immediate cause of death Heart
Mitral Regurgitation

Due to Infection
Due to Old age

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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?
While at work? _____ (Specify type of place)
(e) Means of injury 9
23. Signature E. H. Smith
Address 2642 Victor St Date signed 7th

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

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, [REDACTED]

Friday, June, 7, 1940.
~~working under my personal supervision.~~

Registered Apprentices No. _____

Signed L. W. Hawthorne.

Licensed Embalmer No. 3845.

P. O. Address 6900 Frood. K.C. 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.