

WMA SEE 5 (1940) 399  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **In ambulance enroute to Hospital**  
(d) Length of stay: **In hospital or institution**  
In this community **Nonresident** years, months or days **5 (6)**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyandotte**  
(c) City or town **Kansas City**  
(d) Street No. **815 Quinlan**  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Hans E. Reimer**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Bertha**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Apr 15 1888**

8. AGE: Years **52** Months **4** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Kansas City Kansas**

10. Usual occupation **Real Estate Dealer**

11. Industry or business **Real Estate Dealer**

MOTHER FATHER  
12. Name **Henry Reimer**  
13. Birthplace **Frank Germany**  
14. Maiden name **Frank**  
15. Birthplace **Germany**

16. (a) Informant **Mrs Bertha Reimer**  
(b) Address **815 Quindaro Rd**

17. (a) **Removed** (b) Date thereof **8-31-40**  
(c) Place: burial or cremation **Mt Hope Cemetery**

18. (a) Signature of funeral director **Rabunton**  
(b) Address **M. M. Crane**

19. (a) **Aug 31, 1940** (b) **M. M. Crane**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day **8-29-40** year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **6:30 P.M.** to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ on the date and hour stated above. Immediate cause of death \_\_\_\_\_

**Acute pulmonary edema**  
**Acute & chronic myocardial infarction**  
**Mediocranial coronary occlusion**  
**Coronary sclerosis**  
PHYSICIAN **948**  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of work) \_\_\_\_\_ (Specify name of industry) \_\_\_\_\_  
23. Signature **Walter P. Huber** (M. D. or other) \_\_\_\_\_  
Address **K. C. Mo** Date signed \_\_\_\_\_

**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. 3503

working under my personal supervision.

Signed

RA. Fulton

Licensed Embalmer No. 3503

P. O. Address K. E. Kousse

**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.**