

FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29385

Do not use this space.

1. PLACE OF DEATH

(a) County Platte 2 Registration District No. 698
 (b) Township Marshall 0 Primary Registration District No. 5927
 (c) City or _____ (d) Street No. _____
 (e) Length of residence in city or town where death occurred _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. _____

2. PRINT FULL NAME

(a) Residence, No. 245 Weston Marie McClain Reiser
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Burt McClain</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 26 1901</u>		
7. AGE	YEARS	MONTHS
	<u>39</u>	<u>3</u>
		DAYS
		<u>27</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Weston Mo 0</u>		
FATHER	13. NAME <u>Irwin Kyle</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platte Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Gertie Risk</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platte Co Mo 0</u>	
17. INFORMANT (ADDRESS) <u>Burt McClain Weston Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>W. Bethel</u> DATE <u>July 25 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Brill Mortuary Weston Mo</u>		
20. FILED <u>July 24 1940</u> <u>J. H. Brill</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1940

22. I HEREBY CERTIFY That I attended deceased from March, 1938, to July 23, 1940
 I last saw her alive on July 23, 1940. Death is said to have occurred on the date stated above, at 7:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Endocarditis, acute
Kidney Disease involving, cerebral vessels, lungs, spinal cord & abdomen
 Other contributory causes of importance:
72 P

Date of onset

July 1940

1935

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) R. J. Reisinger, M. D.
 (Address) Weston Mo.

REGISTRATION CERTIFICATE No. 111

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. *832*

P. O. Address..... *Weston, 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.