

40
39
23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31155**
3718
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

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:
7315 Belleview Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
years, months or days **30 Years**
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7315 Belleview Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? **-** years.

3. (a) PRINT FULL NAME **Mrs. Alice H. Reid**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mr. James Reid** 6. (c) Age of husband or wife if alive **-** years
7. Birth date of deceased **February 20 1870**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **2** If less than one day hr. min.

9. Birthplace **Osage Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **--**

MOTHER FATHER { 12. Name **Joseph Carlton Hilton**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Jennette Morrison**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lynn Y. Newbit**
(b) Address **7228 Belleview Ave**
17. (a) **Burial** (b) Date thereof **Sept. 24, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **S. H. Newcomer Sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **9-24-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **22nd**
year **1940** hour **9** minute **A.** M.

21. I hereby certify that I attended the deceased from **August 5th** 19**40** to **Sept 22** 19**40**
that I last saw her alive on **Sept 21** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory Paralysis (Bulbar Paralysis)** Duration **2 wks.**

Due to **Generalized Arteriosclerosis with diffuse myelomalacia** **Several**

Due to **of spinal cord and brain (Progressive)** **Years.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **No** 81 W
Of operations **No** **PHYSICIAN**
Of autopsy **No** 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 place) (e) Means of injury **1**

23. Signature **Joseph E. Welker** (M. D. or other) **MP**
Address **838 Professional Bldg.** Date signed **9/23/40**

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

1:30-4:30

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

C. Hervey Quisenberry

Licensed Embalmer No.....

4070

P. O. Address.....

H. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.