

No. 2
4-13-40
5-17-39
PI X23159

FILED JAN 8 1941

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: Jackson
 (a) County _____
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
Life (Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Mrs. Sarah Eva Reynolds

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Andrew J. Reynolds. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 14, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>10</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business home

12. Name George Kincaid

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

14. Maiden name Sarah Fosson

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

16. (a) Informant Mrs. Winnifred Vanderford

(b) Address 3122 Agness, K. C. Mo.

17. (a) Removal (b) Date thereof 12, 27, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheatland, Missouri
Morton Funeral Home

18. (a) Signature of funeral director _____
 (b) Address North K. C. Mo.

19. (a) 12-26-40 (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
(If outside city or town limits, write "RURAL")
 (d) Street No. 3122 Agnes
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
 year 1940 hour 6:12 minute _____ A. M.

21. I hereby certify that I attended the deceased from 12-10-40
 _____, 19____, to Dec 25, 19____.

that I last saw her alive on Dec 24, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Dialysis
Carotid

Duration

Due to _____
59
 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? _____

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

23. Signature Helen A. Hunt (M. D. or other) _____
 Address 814 Med. art Date signed 12-26-40

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

MOTHER FATHER

Newton Journal of Home
832 Avenue Rd.
North K. P. Mo.

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.....

Harold L. Ross

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Harold L. Ross

Licensed Embalmer No.

3605

P. O. Address.....

26 K E 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, fact should be so stated above.