

Registration District No. **397**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH

(a) County Jackson County
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Sisters of the Poor - 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 years
 In this community 9 years 2 months (Specify whether years, months or days)

8. (a) PRINT FULL NAME John Reed
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. No

4. Sex M. 5. Color or race White
 6. (a) Single, widowed, married; divorced, Widowed
 6. (b) Name of husband or wife Anno Loucas
 6. (c) Age of husband or wife if alive 13^{1/2} years (Day) (Year) 1857

7. Birth date of deceased April 13^{1/2} 1857
 (Month) (Day) (Year)

8. AGE: Years 87 Months 14 Days 14 If less than one day hr. min.

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

10. Usual occupation None
 11. Industry or business Unknown
 12. Name Alfred Reed
 18. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Nora Hazard
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Sister Camille
 (b) Address 5331 Highland Ave
 17. (a) BURIAL (b) Date thereof 3-3-41 (Month) (Day) (Year)
 (c) Place: burial or cremation St Mary's Cem

18. (a) Signature of funeral director ZURK & TOBIN Co
 (b) Address KC Mo
 19. (a) 3/2/41 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON 48
 (c) City or town KANSAS CITY 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5331 HIGHLAND 8
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th year 1941 hour 8 minute 0 M.
 21. I hereby certify that I attended the deceased from May 1938, to Feb 27 1941, that I last saw him alive on Feb 26 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days
 Due to Arteriosclerosis
 Due to 10 yrs
 Other conditions 13 1/2
 (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 0
 23. Signature John T. Skennis (M. D. or other) 0
 Address 1407 Bryant Bldg Date signed 3/1/41

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Maurice Lewis

Licensed Embalmer No.

3634

P. O. Address

70 W Lenoir

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.