S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17173

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1835

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: St Marys Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 3709 St John (If rural, give location) 8

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME John P. Reid

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie B Reid

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug (Month) 20 (Day) 1863 (Year)

8. AGE: Years 77 Months 8 Days 17 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired Blacksmith

11. Industry or business

FATHER

12. Name James Reid

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

MOTHER

14. Maiden name Urie Park

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

16. (a) Informant Lillie B. Reid

(b) Address 3709 St John

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Mrs. C. R. Foster

(b) Address 918 Brooklyn

19. (a) May 9 1941 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day May year 1941 hour 6: minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-31, 1941, to 5-7, 1941; that I last saw him alive on 5-7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung — Duration ?

Primary Bronchogenic

Due to 41

Due to 47 d

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Carcinoma of Lung

Metastasis to Liver

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Hubert M Parker (M. D. or other) MD

Address 736 Argyle Date signed 5-8-41

(Licensed Embalmer's Statement on Reverse Side)

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 Dwight C. Browning

Licensed Embalmer No. 2724

P. O. Address St. L. Mo

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

If this body is not embalmed, above space should be left blank.