

STANDARD CERTIFICATE OF DEATH

20750

State File No.

2280

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: (at home) 5115 Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)
In this community 10 years

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. 5115 Grand
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1941 hour 5:40 PM minute _____

21. I hereby certify that I attended the deceased from June 1st to June 13th
that I last saw h. _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobes Duration 4da
Due to Cerebral hemorrhage 10da

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.

3. (a) PRINT FULL NAME Mrs. Maude REAGAN

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dr. C. W. Reagan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 2, 1860
(Month) (Day) (Year)

8. AGE: 81 Years 2 Months 11 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Arcolia Alandree

13. Birthplace don't know
(City, town, or county) (State or foreign country)

14. Maiden name Mester Ann Duncan

15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucille Reagan Smith

(b) Address 5115 Grand K.C. Mo.

17. (a) Burial (b) Date thereof June 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Missouri

18. (a) Signature of funeral director R.V. LINDSEY & SONS

(b) Address 3811 Broadway K.C. Mo.

19. (a) 6/14/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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? no (Specify type of place) (e) Means of injury _____

23. Signature H. C. ... (M. D. or other) M.D.
Address 1022 Argyle Date signed 6/14/41

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

946
3
8

Mr. W. E. Zupfner
Angela Biedy
1321 W. 1st St
1-74
802#

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.....
Rosal Wheeler

Licensed Embalmer No. 3738

P. O. Address.....
R. W. P.

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.