

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:
2421 East 68th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community 32 Years / (Specify whether years, months or days)

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. 2421 East 68th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1941 hour 10 minute 20 A. M.
21. I hereby certify that I attended the deceased from 1939
to Aug 12 1941
that I last saw her alive on Aug 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia Duration 3 Days
Due to Coronary Hemorrhage 1 year
Due to Fractured Rt femur 3 mos.

Other conditions (Include pregnancy within 3 months of death) 186
Major findings: Of operations ---
Of autopsy 186 39
PHYSICIAN ---
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Mrs. Mary Elizabeth Reece

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Wilson Reece 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased July 7 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 5 If less than one day --- hr. --- min.

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

10. Usual occupation Housewife

11. Industry or business ---

12. Name Simpson Pyle

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

14. Maiden name Unknown

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

16. (a) Informant Anna Reese

(b) Address 2421 East 68th Street

17. (a) Burial (b) Date thereof Aug. 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Mt. Moriah Cemetery

18. (a) Signature of funeral director W. H. Newcomer, Sr.
(b) Address 8712 41 N. W. Brush Creek Blvd.

19. (a) 8/12/41 (b) M. M. Crow
(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) fractured femur
(b) Date of occurrence June 10, 1941
(c) Where did injury occur ICC John 12 hrs
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? --- (Specify type of place) (e) Means of injury Slipped

23. Signature Horace F. Flambeau
Address 522 Pry Bed Date signed 8/12/41

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

522
1-3
Unfulfilled

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K. 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.