

Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **K. C. Mo**
(c) Name of hospital or institution: **3307 Highland**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 years** (Specify whether years, months or days)
In this community **26 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

many Reed

3. (b) If veteran, name war

3. (c) Social Security No. **none**

4. Sex

Female

5. Color or race **3 Negro**

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

6. (b) Name of husband or wife **unk.**

6. (c) Age of husband or wife if alive **26** years

7. Birth date of deceased **Dist. 2a**

(Month) **7** (Day) **26** (Year) **1889**

8. AGE:

Years **52**

Months **9** Days **25**

If less than one day hr. min.

9. Birthplace **4 - 36 - 1889**

(City, town, or county) (State or foreign country)

10. Usual occupation **home maid**

11. Industry or business

MOTHER FATHER

12. Name **unknown**

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

14. Maiden name **Becky Jones**

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

16. (a) Informant's own signature **Cecile M. Young**

(b) Address **3307 Highland**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **2-28-43** (Month) (Day) (Year)

(c) Place: burial or cremation **Blue ridge**

18. (a) Signature of funeral director **Brady-Brown**

(b) Address **1708 Tracy**

19. (a) **2/27/43** (Date received local registrar)

(b) **M. M. Crow** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **K. C.**
(If outside city or town limits, write "RURAL")
(d) Street No. **3307 Highland**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** Day **21-42** year hour minute **5:30 P.M.**

21. I hereby certify that I attended the deceased from **Deputy Coroner** 19... that I last saw **alive on** 19... and that death occurred on the date and hour stated above.

Immediate cause of death

**Acute Pulmonary Edema
Sepsis**

Due to

Other conditions (include pregnancy within 6 months of death) **30 D**

Major findings: Of operations

Of autopsy

Duration

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 **Dr. J. E. ...** (M. D. or other) Address Date signed

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. *1271*

P. O. Address *Kansas City 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, above space should be left blank.