S. No. 2
—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9829

Registrar's No. 1467

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kan City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1423 Troost 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City 048
(If outside city or town limits, write "RURAL")

(d) Street No. 1423 - Troost 3
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HARRY E. REID

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M.O

5. Color or race Wh

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

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

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

7. Birth date of deceased Mar (Month) 17 (Day) 1888 (Year)

8. AGE: Years 54 Months 0 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace L. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Labor

11. Industry or business .....

FATHER
12. Name Elmer Reid
13. Birthplace ..... (City, town, or county) Indiana! (State or foreign country)

MOTHER
14. Maiden name Kay Hinkley
15. Birthplace ..... (City, town, or county) Indiana! (State or foreign country)

16. (a) Informant Mrs Brewer

(b) Address 5315 - Thompson

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-14-42 (Month) (Day) (Year)

(c) Place: burial or cremation Kan City Kan

18. (a) Signature of funeral director Bergman Funeral Home

(b) Address Kan City Mo.

19. (a) 4/13/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 4-10-42
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to 2 35 P. 19.....
that I last saw him alive on ..... 19.....
and that death occurred on the date and hour stated above.

Deputy Coroner

	Duration
Immediate cause of death	
Hypertensive heart disease	
Due to	
Due to 93D	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy Yes

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 3

23. Signature [signature] (M. D. or other)

Address K.C. Mo. Date signed .....

(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 Harry C Bergman

Licensed Embalmer No. 204

P. O. Address Kan 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, fact should be so stated above.