

FILED APR 25 1942  
Registration District No. 299

Primary Registration District No. 1002

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

**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: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location) 0  
 (d) Length of stay: In hospital or institution 5 days (Specify whether  
 In this community 23 years. years, months or days)

**3. (a) PRINT FULL NAME** ELIZABETH REYNOLDS  
 3. (b) If veteran, name war \_\_\_\_\_ 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. William R. Reynolds 6. (c) Age of husband or wife if alive 85 years  
 7. Birth date of deceased Jan 23 1860  
(Month) (Day) (Year)

**8. AGE:** Years 82 Months 2 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Guthrie Mo. D.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name Heleny Renoe  
 13. Birthplace Mo. D.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Holt  
 15. Birthplace Mo. D.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Curly R. Reynolds  
 (b) Address 2237 13th St. N.E. T.C.N.

17. (a) Burial (b) Date thereof 4 2 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spryfork 1 1/2 Mo. D.

18. (a) Signature of funeral director W. Reynolds

(b) Address 1401 Brook Brook

19. (a) 4-2-42 (b) M. M. Crowley  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson 049  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 2  
 (d) Street No. 405 Cypress Street  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_ 0

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 1st  
 year 1942 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from 3-27-42 19\_\_\_\_ to 4-1-42 19\_\_\_\_;  
 that I last saw her alive on 4-1-42 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL INSUFFICIENCY  
 Due to 93E  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy None  
 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)  
 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 Henry R. Hoover (M. D. or other) \_\_\_\_\_  
 Address Med. Dir. K.C. Gen. Hospital Date signed \_\_\_\_\_

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**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.....

*Warren Simpson*

Licensed Embalmer No..... *9965*

P. O. Address..... *K.C. 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.**