

BUREAU OF THE CENSUS
 FILED MAY 12 1942

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

13516

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1588

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
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days (Specify whether
 In this community 24 Years
 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. 2404 Holmes St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

3. (a) PRINT FULL NAME CHARLES REAMER

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

4. Sex Male 5. Color or race White 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: April 21 1905
 (Month) (Day) (Year)

8. AGE: Years 36 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Akron Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation Construction Worker *Retired 5 yrs ago*

11. Industry or business K. C. Power & Light Company

12. Name Charles K. Reamer

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

14. Maiden name Grace Billow

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

16. (a) Informant Mrs. Isaac Reamer

(b) Address 2404 Holmes St.

17. (a) Burial (b) Date thereof Apr. 22, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. V. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-22-42 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH? Month April day 20th
 year 1942 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from 4-17-42, 19 , to 4-20-42, 19 ,
 that I last saw him alive on 4-20-42, 19 ,
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute pyelonephritis and Bronchopneumonia

Due to 1330

Due to 1330

Other conditions Retired 5 yrs ago
 (Include pregnancy within 3 months of death)

Major findings: Of operations See above

Of autopsy See above

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 D

23. Signature Dr. R. J. Thore (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

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

MOTHER FATHER

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

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.