

7. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 6 1942

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2050

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)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 50 yrs

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. 917 East 9th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GARLAND HENRY REID

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

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

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

7. Birth date of deceased May 17 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Burlington Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Horatio Reid

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

14. Maiden name Mary Fleming

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

16. (a) Informant Mrs J.P. Burnett

(b) Address 1812 Elmwood

17. (a) Burial (b) Date thereof May 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 5-26-42 (b) M. M. Croome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1942 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from May 20th 1942 to May 23rd, 1942, 19____
that I last saw him alive on May 23rd, 1942, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive heart disease with acute dilatation of heart

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death)

Major findings:
Of operations _____

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 _____

23. Signature Dr. R. Shaw (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 me
..... Registered Apprentice No.
working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 2570

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, fact should be so stated above.