

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **2412**

Registration District No. **399**

Primary Registration District No. **1002**

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:
3822 Central Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. -----
67 Years (Specify whether 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. **3822 Central Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country -----

3. (a) PRINT Mrs. Clara F. Reinhardt
FULL NAME

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mr. Frank J. Reinhardt** 6. (c) Age of husband or wife if alive ----- years
August 19 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 0 hr. / min.

9. Birthplace **Noble County Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business -----

12. Name **Theodore Vollrath**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Schafer**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **John F. Reinhardt**
(b) Address **3718 Harrison Street**

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

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **W. H. Newcomers**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **6-22-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19th**
year **1942** hour **1** minute **35 P.** M.

21. I hereby certify that I attended the deceased from **4-13** 1942 to **6-19** 1942
that I last saw her alive on **6-19** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Due to **Arteriosclerosis**
Due to **hypertension**
Other conditions **83a**
(Include pregnancy within 3 months of death)

Duration

2 hrs
years
years

PHYSICIAN

Major findings:
Of operations -----
Of autopsy -----
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) (a) Means of injury **0**

23. Signature **Edward H. Newberry** (M. D. or other)
Address **Prof. Bldg. KC Mo.** Date signed **6-19-42**

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

MOTHER FATHER

1054
3-5
Superior
1909

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *K. E. 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.