

FILED AUG 1 1942 99

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 2782

48  
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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:  
Viaduct; 20th & Troost Avenue/  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 years (Specify whether years, months or days)  
In this community 14 years

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. 912 Tracy Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME ROSE ETHEL REAM

3. (b) If veteran, name war None 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 Harvey M. Ream 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Sept. 8 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 10 11 ..... hr. .... min.

9. Birthplace Des Moines, Iowa /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER { 12. Name Fred Kern  
13. Birthplace Unknown / 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown / 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Goldie Hagerwood  
(b) Address 1912 Kansas Ave. K.C. Mo.  
17. (a) Burial (b) Date thereof 7 22 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenlawn  
18. (a) Signature of funeral director Weilert Funeral Home  
(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) July 21 1942 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 19 P. M.  
year 1942 hour 1:00 minute .....

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

Immediate cause of death Crushing injury of chest  
Due to suicidal fall  
Due to 164 1/2

Other conditions (Include 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) suicide  
(b) Date of occurrence 7/19/42  
(c) Where did injury occur? Kansas City, Missouri  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place 20th & Troost  
While at work ..... Means of injury viaduct

23. Signature [Signature] (M. D. or other) 3  
Address K.C. Mo. Date signed 7/20/42

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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.....

*Blaine E. Weibert*

Licensed Embalmer No.....

*4075*

P. O. Address.....

*2332 Monitor Place*

**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.**