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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23574

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2969

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: 3510 Harwach
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 525 So. Brighton 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME May E. Reed

3. (b) If veteran, name war ✓

3. (c) Social Security No. 487-16-2050

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widow Deceased

6. (b) Name of husband or wife Wilbur F. Reed

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

7. Birth date of deceased June 15 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 17 48 If less than one day ✓ hr. ✓ min.

9. Birthplace Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Kingsley B. Reynolds
13. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Etta Gott
15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lula Doehler
(b) Address 525 So Brighton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 42
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director A. P. Doehler
(b) Address 1415 East 15

19. (a) 8/2/42 (Date received local registrar) (b) M. M. Drowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 42 hour 7 minute 55 A M.

21. I hereby certify that I attended the deceased from July 1 1942, to Aug 2 1942
that I last saw her alive on Aug 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death ulcers of stomach

Due to 117a

Due to

Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

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) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? no (e) Means of injury no

23. Signature J F Mackey (M. D. or other)
Address Professional Bldg Date signed 8-2-42

(Licensed Embalmer's Statement on Reverse Side)

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. H P Loehler

Licensed Embalmer No. 1166 Mo

P. O. Address 1415 E 15-City

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.