

FILED NOV 19 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4230

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years
(Specify whether years, months or days)

In this community No Record

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. 5331 Highland
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME CHARLES REASON

(b) If veteran, name war No Record

3. (c) Social Security No. No Record

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12 year 1942 hour 2: minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 9 1942 to Nov 12 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife No Record 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 21, 1857
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to Generalized Arteriosclerosis

Due to Spinal

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

85 4 21 hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Reason

13. Birthplace No Record 4
(City, town, or county) (State or foreign country)

14. Maiden name Gabriella Reason

15. Birthplace No Record 4
(City, town, or county) (State or foreign country)

16. (a) Informant Sr. St. Shuley
(b) Address 5331 Highland

17. (a) Burial (b) Date thereof 11/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Durbin and Robin
(b) Address 20 West Linwood

19. (a) 11-13-42 (b) Mr. M. Crow
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy no

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 John T Skinner (M. D. or other) MD
Address 1402 Bryant Bldg Date signed 11-12-42

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

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 Charles M. Zwick

Licensed Embalmer No. 3774

P. O. Address 20 W Lenwood Rd

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.