

5-42
5-17-39
X32873

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13378**
Registrar's No. **1703**

Registration District No. **149** 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:
Conley Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 min.**
In this community **All her life**
years, months or days

2. USUAL RESIDENCE OF DECEASED: **999**
(a) State **Kansas** (b) County **Wyandotte** **14**
(c) City or town **Kansas City** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **1120 North Ninth**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **2**
If yes, name country.

3. (a) PRINT FULL NAME **Sandra Kay Reeder**
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 **infant**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **November 4 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 4 hr. min.

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

10. Usual occupation **none**

11. Industry or business **infant**

12. Name **Merwin Reeder**
13. Birthplace **St. Joseph Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Laura Dunfee**
15. Birthplace **Charleston S. Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Merwin Reeder**
(b) Address **1120 North Ninth, K.C. Kans.**
17. (a) **Removal** (b) Date thereof **4-10-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Home Cemetery**

18. (a) Signature of funeral director **Fairweather-Werner**
(b) Address **1754 Washington Blvd. K.C.K.**
19. (a) **4-9-43** (b) **M. M. Brown**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **8th**
year **1943** hour **10:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **Nov. 4** 19**42** to **April 8** 19**43**
that I last saw her alive on **April 8** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia (unilateral)

Due to **107**
Due to
Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury
23. Signature **R. J. Davis** (M. D. or other) **AP**
Address **208 Arnon Bldg. K.C. Mo.** Date signed **4/9/43**

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

MOTHER FATHER

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.....

Chick Werner

Licensed Embalmer No. *2598*

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.