. S. No. 2
00M—2-43
ev. 5-17-39
I .X3569

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17112

FILED JUN 7 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2370

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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Orrick 0
(If outside city or town limits, write "RURAL")

(d) Street No. None 0
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Mrs. Luella Reed

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Allen G. Reed

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

7. Birth date of deceased April (Month) 24 (Day) 1867 (Year)

8. AGE: Years 76 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Jackson County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

FATHER
12. Name Wilson D Rounds
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Mary J. Reid
15. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs. Ida M. Tate
(b) Address Dodson, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 5-24-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1943 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from ~~May 20th~~ May 20, 1943, to May 21, 1943 that I last saw her alive on May 20th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to Chronic Instl Nephritis

Other conditions (Include pregnancy within 3 months of death) 131a

Major findings:
Of operations ✓
Of autopsy ✓

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) ✓
(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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature M F Lowell (M. D. or other) MD
Address 1722 W 39 Date signed 5/21/43

(Licensed Embalmer's Statement on Reverse Side)

1722 West 39th Street
1.7

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K C 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.