V. S. No. 2
DM—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

sup.

State File No. 20576

FILED JUL 13 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2859

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: 3726 Washington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3 8

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

(d) Street No. 3726 Washington
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME James A. Reeds

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eliza W. Reeds.

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

7. Birthdate of deceased Oct. (Month) 21 (Day) 1856 (Year)

8. AGE: Years 86 Months 8 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Coles Co. (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Educator.

11. Industry or business Retired 30 Yrs.

FATHER
12. Name Gabriel M. Reeds.
13. Birthplace ..... (City, town, or county) Kty. / (State or foreign country)

MOTHER
14. Maiden name Martha Faris
15. Birthplace Nashville (City, town, or county) Tenn / (State or foreign country)

16. (a) Informant Nellie R. Garnett
(b) Address Pharr Texas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-29-43. (Month) (Day) (Year)
(c) Place: burial or cremation Olathe Kas.

18. (a) Signature of funeral director H. E. Julien
(b) Address Olathe Ks

19. (a) 6-27-43 (Date received local registrar) (b) T. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Feb 1, 1943, to 6-27-, 1943
that I last saw him alive on 6-26-, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ac. Cardiac Dilatation	2 weeks
Due to Myocarditis Chr.	1 yr.
Due to Senility	
Other conditions (Include pregnancy within 3 months of death) 93d	

Major findings:
Of operations .....
Of autopsy none

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 L. G. Potter (M. D. or other)
Address 724 Pro Bldg KCMo Date signed 6-27-43

(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 W. E. Julian

Licensed Embalmer No. 2047

P. O. Address Olathe Kas.

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.