

S. No. 2  
FORM-2-43  
5-17-39  
I-X3587

20580

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 8 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2830

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:  
2947 East 28th Street /  
(If not in hospital or institution, write street number or location)

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

In this community 30 Years  
(Specify whether years, months or days)

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. 2947 East 28th Street  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country England

3. (a) PRINT FULL NAME Mr. John Reynard

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 Married

6. (b) Name of husband or wife Mrs. Marie C. Reynard

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September 3 1885  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>9</u>	<u>19</u>	.....hr. ....min.

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

10. Usual occupation General Contractor

11. Industry or business Retired 10 Years

12. Name John Reynard

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie C. Reynard

(b) Address 2947 E 28

17. (a) Cremation (Burial, cremation, or removal)

(b) Date thereof June 24, 1943  
(Month) (Day) (Year)

(c) Place: D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-24-43 (Date received local registrar)

(b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd  
year 1943 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 23 1943 to May 27 1943  
that I last saw him alive on May 27 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
myocarditis  
renal arteriosclerosis  
renal senescence

Other conditions (Include pregnancy within 3 months of death)  
93 e'

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature David B. Newcomer  
Address 928 Cliff Blvd Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

928 Professional Bell  
12-4-30

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**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 Emile M. Calhoun  
Licensed Embalmer No. 350.6  
P. O. Address T. 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.**