

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13840  
Registrar's No. 1731

FILED MAY 5 1944  
Registration District No. 149

Primary Registration District No. 1002

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

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:  
K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days  
(Specify whether years, months or days)

In this community 25 years

3. (a) PRINT FULL NAME Alfred W. Reddick

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dorothy Reddick

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

7. Birth date of deceased November 1 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>5</u>	<u>16</u>	<u>hr. min.</u>

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

10. Usual occupation none

11. Industry or business X

12. Name Alexander Reddick

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

14. Maiden name Mary E. Wright

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

16. (a) Informant Mrs. Dorothy Reddick

(b) Address 901 Linwood, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 4-19-44 (Date received local registrar) (b) H. E. Brown (Registrar's signature)

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. 901 Linwood  
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17  
year 1944 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 4, 1944 to April 17, 1944  
that I last saw him alive on April 17, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arterio-sclerosis-Myocardial infarction

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

PHYSICIAN

Major findings:  
Of operations

Of autopsy See above

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 H. E. Usher (M. D. or other) M.D.  
Address Med. Dir. Gen'l Hosp. Date signed 4-18-44

**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..... *John H. Shurley* .....

Licensed Embalmer No..... *4080* .....

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.**