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State File No. _____

FILED JUL 15 1944

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 2791

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
In this community 20 Years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 916 1/2 E. 12 St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Leona Reed

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Lafayette Reed 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased April 26 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 10 If less than one day 8 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Pelfrey
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward Reed
(b) Address Grain Valley, Missouri

17. (a) Burial (b) Date thereof 7-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Missouri

19. (a) 7-5-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1944 hour 2 minute 35 P.M.

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

Immediate cause of death Cerebral hemorrhage Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy None

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 A. E. Usher (M. D. or D.O.) MD
Address Med. Dir. Gen'l Hosp Date signed 7-5-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Theron B. Redman

Licensed Embalmer No.

2937

P. O. Address

F. P. me

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.