

FILED JUN 22 1944
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2468

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. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether
In this community as above 0
years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth Gates Reeves

3. (b) If veteran, name war no.
3. (c) Social Security No. 487-05-8782

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

6. (b) Name of husband or wife George M. Reeves 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased March 29 1901
(Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 2/10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchandise Manager

11. Industry or business Donnelly Garment Co.

12. Name William Dahl,

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

14. Maiden name Louisa Trettin

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

16. (a) Informant George M. Reeves,

(b) Address Lake of Forest Club, Edwardsville,
Kansas,

17. (a) No Burial (b) Date thereof 6-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mauncie Cemetery, Sewarworth, Kans

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 6-10-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999
(c) City or town Edwardsville,
(If outside city or town limits, write "RURAL") 14
(d) Street No. Lake of the Forest Club
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1944 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from May 1
1944 to June 9, 1944.
that I last saw her alive on June 9, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Lingual haemorrhage Duration 2 1/2 hrs

Due to Squamous cell carcinoma of tongue - metastases to regional lymph nodes and lungs 2 yrs

Other conditions 45 hr
(Include pregnancy within 3 months of death)

Major findings: sq. cell CA. 45 hr
Of operations _____
Of autopsy _____

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? _____ (c) Means of injury _____
23. Signature P. T. Bohan (M. D. or other) MD
Address Plaza Med Bldg K.C. Mo Date signed 6/9/44

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

MOTHER FATHER

Dr. Pete Bohan

Medical Plaza Bldg

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. Hurley*
Licensed Embalmer No. *4050*
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.