

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5212

State File No.

FILED MAR 3 1945
Registration District No. 779

Primary Registration District No. 1002

Registrar's No. 761

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:
1209 EAST 45TH STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.
In this community 33 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 48
(If outside city or town limits, write "RURAL")

(d) Street No. 1209 EAST 45TH STREET
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 14
If yes, name country. 0

3. (a) PRINT FULL NAME MRS. IAA RUTH REEVER

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

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 14TH
year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct
4, 1944 to Feb 14, 1945;
that I last saw her alive on Feb 14, 1945
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. M. L. REEVER

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

7. Birth date of deceased. AUGUST 9 1877
(Month) (Day) (Year)

Immediate cause of death. Intestinal hemorrhage Duration 3 min

Due to Carcinoma originating about 1 yr. in Pancreas

Due to 468

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

8. AGE: Years Months Days If less than one day

67 6 5 hr. min.

Major findings: Carcinoma of pancreas atretic & metastatic

Of operations: 468

Of autopsy: 468

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation AT HOME

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?

11. Industry or business

12. Name LOUIS C. POPE

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

14. Maiden name MARY SUSAN POPE SPROUL

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

16. (a) Informant MR. C. L. REEVER

(b) Address 4109 CHARLOTTE STREET

17. (a) BURIAL (b) Date thereof FEB. 17 1945
(Burial, cremation, or removal)

(c) Place: burial or cremation BURGLAND CEMETERY BURLINGTON, KANSAS

18. (a) Signature of funeral director. D. W. Newcomer, son

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 2-15-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

(Specify type of place)

While at work? (c) Means of injury

23. Signature J. E. Schoen (M. D. or other) DO.

Address 243 W. Entry Bldg Date signed 2-15-45

243 Henry Bell

MAR 20 1945

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. Colburn

Licensed Embalmer No. 3506

P. O. Address KC 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.