

FRED JUN 29 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2567

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: 2627 College  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX  
In this community 23 years, months or days (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. 2627 College  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. ORA REECE

3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Don D. Reece 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased November 9 1879  
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Wallace Jackson

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

14. Maiden name Lydia Harden  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Erma Reece

(b) Address 2627 College

17. (a) Removal (b) Date thereof 6-17-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Effingham, Kansas

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 6-15-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th  
year 1945 hour 6: minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 20 1945 to June 14 1945  
that I last saw him alive on June 13 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast or Endometrial Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 50

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy NO 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) NO

(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 J. Henry George (M. D. or other) \_\_\_\_\_

Address 215 Clinton Date signed 6-15-45

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

71-6001  
2618 Highland  
P. O. Address Change

JUL 10 1958

**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 Alvin R. Hamschell

Licensed Embalmer No. 4159

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.**