

V. S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26573

State File No. _____

FILED SEP 14 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3427

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:
3121 Forest
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 36 Years (Specify whether
year, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 41

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3121 Forest
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edgar Rea

3. (b) If veteran, name war No

3. (c) Social Security No. 495-05-7746

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 3

6. (b) Name of husband or wife Zoe N. Rea

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

7. Birth date of deceased. 1 15 1877
(Month) (Day) (Year)

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

68 7 0 _____ hr. _____ min.

9. Birthplace Carroll Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business Claremont Hotel

12. Name J. Gale Rea

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

14. Maiden name Lucretia Brooks

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

16. (a) Informant Mrs. Milton Standley

(b) Address Carrollton Missouri

17. (a) Removal (b) Date thereof 8-15-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton Missouri

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 8-15-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th
year 1945 hour 20 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to arterio sclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy no
History of Angina

22. If death was due to external causes, give 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 2 Am

23. Signature Samuel A. Valtin (M.D. or other) _____
Address 4424 Jefferson Date signed 8-15-45

Duration

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..... *Cordland M. Munn*

..... Licensed Embalmer No. *3414*

..... P. O. Address *918 Brooklyn*

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.