

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED DEC 12 1945
Registration District No. **1002**

Primary Registration District No. **1002**

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: **General Hospital No. 1**
(If not in hospital or institution, write street number and location)

(d) Length of stay: **In hospital or institution 1 DAY**
(Specify whether in this community years, months or days) **25 YEARS**

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. **413 W. 14 STREET**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Addie Reynolds**

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

3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **MR. DAN REYNOLDS**

6. (c) Age of husband or wife if alive **18 7/8** years

7. Birth date of deceased **JUNE 26 1888**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	5	1	hr. min.

9. Birthplace **UNKNOWN WEST VIRGINIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

MOTHER FATHER

12. Name **COOPER JOANS**

13. Birthplace **UNKNOWN WEST VIRGINIA**
(City, town, or county) (State or foreign country)

14. Maiden name **ELIZABETH REED**

15. Birthplace **UNKNOWN WEST VIRGINIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. FLORENCE FERMAN**

(b) Address **LA PLATA, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **NOV. 27 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LA PLATA, MISSOURI**

18. (a) Signature of funeral director **D. H. Newcomer's Sons**

(b) Address **1401 - BRUSH CREEK BLVD.**

19. (a) **11-27-45** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **27**
year **1945** hour **2** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **Nov. 26** 19 **45** to **Nov. 27** 19 **45**
that I last saw her alive on **Nov. 27** 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Aterio sclerotic Heart disease**

Due to _____

Due to _____

Other conditions **1**
(Include pregnancy within 3 months of death)

Major findings: Of operations **93**

Of autopsy _____

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) (e) Means of injury

23. Signature **Cluck W Seelye**

Address **Med. Dir. Gen'l Hosp.** Date signed **11-27-45**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Ernie M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.