

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1701
Registrar's No. 5502

FILED JAN 21 1946

Registration District No. 149 Primary Registration District No. 1002

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:
536 Park Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 yrs
(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. 536 Park Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Reed
3. (b) If veteran, name war No
3. (c) Social Security No. no
4. Sex Femal / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred L. Reed
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Feb 14 1917
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 30
year 1945 hour 5:30 minute P M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>10</u>	<u>16</u>	hr. _____ min.

Immediate cause of death _____
Due to Coronary thrombosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business _____
MOTHER FATHER { 12. Name Charles J. Wisely
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna M. Spotts
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Fred L. Reed
(b) Address 536 Park Ave. K.C. Missouri
17. (a) Burial (b) Date thereof Jan 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn
19. 12-31-45 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____
Of autopsy no
Haley & Inspector
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 3
23. Signature J. J. [unclear] (M. D. or other) 3
Address 1424 [unclear] Date signed 12-31-45

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

100376

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 E. H. Weir
Licensed Embalmer No. 2570
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.