

S. No. 2
OM-5-43
ev. 5-17-39
I X36671

Registration District No. 173 1946

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

(c) Name of hospital or institution:
General Hospital No. 1

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

(d) Length of stay: In hospital or institution 16 days
(Specify whether)

In this community 2 year e
(years, months or days)

3. (a) PRINT FULL NAME Eva Reik

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 5. Color White 6. (a) Single, widowed, married, divorced S.O.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive Sept 7 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>9</u>	

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

10. Usual occupation none

11. Industry or business

12. Name James Reik

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

14. Maiden name unbr

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

16. (a) Informant Record Clerk

(b) Address 515 E. Main Street

17. (a) Removal (b) Date thereof 12-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rich Hill Mo

18. (a) Signature of informant Rich Hill Mo
(b) Address Rich Hill Mo

19. (a) 1-17-46 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 1300 Washington

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1946 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 31 1945 to Jan. 16 1946
that I last saw her alive on Jan. 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal carcinomatosis
Primary site; Breast

Due to

Due to

Other conditions: 50
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

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?

(Specify type of place) Rich Hill Mo
While at work? (c) Means of injury 1-16-46

23. Signature Clark W. Seely
Address Med. Dir. Gen'l Hosp Date signed 1-16-46

Dr. Jackson

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.....

Licensed Embalmer No.....

P. O. Address.....

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.