

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED JUN 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. **16803**
Registrar's No. **2329**

Registration District No. **149** Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Lake Side Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 months**
(Specify whether years, months or days)

In this community **75 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Fairmount Sta. Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **549 Crescent**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **MARY E. REAVIS**

3. (b) If veteran, name war **None**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23**
year **1946** hour **4** minute **45** A. M.

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife **Chas. D. Reavis**

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

7. Birth date of deceased **Nov. 26 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Set 22 1946** to **May 27 1946**
that I last saw her alive on **May 25 1946**
and that death occurred on the date and hour stated above.

8. AGE: Years **77** Months **5** Days **27**
If less than one day hr. min.

Immediate cause of death **Septicemia, Chronic**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Jefferson City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

Major findings: **93d**

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name **William Wells**

13. Birthplace **New Hampshire**
(City, town, or county) (State or foreign country)

14. Maiden name **Missouri Labine**

15. Birthplace **Unknown Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold D. Wells**

(b) Address **549 Crescent Fairmount Sta. K.C.**

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?

17. (a) **Burial** (b) Date thereof **5/24/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cem. K.C. Mo.**

While at work? (Specify type of place)

(c) Means of injury **2 2/3**

23. Signature **Richard C. Clark** (M. D. or other)

Address **1100 1/2 W. Main** Date signed **5-24-46**

18. (a) Signature of funeral director **Geo. C. Garson**

(b) Address **Independence, Missouri**

19. (a) **5-25-46** (b) **Christine Holmes**
(Date received local registrar) (Registrar's signature)

We Weck.

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 *Lloyd C. Carson*
Licensed Embalmer No. *4199*
P. O. Address *Indep. 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.