

S. No. 2
M-5-43
v. 5-17-39
I X3667

FILED JUL 10 1946
Registration District No. **199**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
Kansas City Mo

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

(c) Name of hospital or institution:
General Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**
(Specify whether _____)

In this community **40 years**
years, months or days

3. (a) PRINT FULL NAME **Reese, Carl William**

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

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

4. Sex **Male** **5. Color or race** **White**

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

6. (b) Name of husband or wife **Caroline Reese**

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

7. Birth date of deceased **May 20 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	1	5	hr. min.

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

10. Usual occupation **Cook**

11. Industry or business

MOTHER FATHER

12. Name **Carl Reese**

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

14. Maiden name **Caroline (Unknown)**

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

16. (a) Informant **Mr. Jack Devinney**

(b) Address **2901 S. W. Blvd.**

17. (a) Burial **(Burial, cremation, or removal)** **(b) Date thereof** **6-27-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mapel Hill R.C.**

18. (a) Signature of funeral director **Weilert Funeral Home**

(b) Address **Kansas City, Missouri**

19. (a) 6-27-46 **(b) Geraldine Holmer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **2901 SW Blvd**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6-** day **25th**
year **1946** hour **12** minute **45** PM.

21. I hereby certify that I attended the deceased from **6-23-46**, 19____ to **6-25-46**, 19____
that I last saw him alive on **6-25-46**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic**
Rheumatic Heart disease
Pulmonary thrombosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: **95 br.**
Of operations _____

Of autopsy **as above**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 **Wm. W. Hart** (M. D. or other) **MD**
Address **Gen. Hosp. #1** **Date signed** _____

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..... *Blaine E. Weidert*.....
Licensed Embalmer No..... *4075*.....
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.