

FILED FEB 5 1947  
Registration District No. **149**

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, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **2017 1/2 Prospect BME 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **16 years**  
(Specify whether years, months or days)

In this community **16 years**

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. **2017 1/2 Prospect**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

5. (a) PRINT FULL NAME **GLADYS WILLIAMS REYNOLDS**

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

3. (c) Social Security No. **NOT KNOWN**

4. Sex **F** 3

5. Color or race **C.**

6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **JOHN**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **April 7 1885**  
(Month) (Day) (Year)

8. AGE: Years **45** Months **9** Days **13**  
If less than one day hr. min.

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

10. Usual occupation **Coach**

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name **Willie Brady**

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

14. Maiden name **Alma Jones**

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

16. (a) Informant **Vance Braddy**

(b) Address **Paola, Kansas**

17. (a) **REMOVAL** (b) Date thereof **1-21-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PAOLA, KANS.**

18. (a) Signature of funeral director **Edmund Greenstreet**

(b) Address **1819 E. 15th St. K. C. Mo.**

19. (a) **1-21-47** (b) **Stirling Holmes**  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **20**  
year **47** hour **9** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **Jan 1947** to **Jan 20 1947**  
and that death occurred on the **Jan 20 1947** and hour stated above.

Immediate cause of death **Pulmonary Edema** Duration \_\_\_\_\_

Due to **Left Ventricular Failure**

Due to **Hypertensive Heart Disease**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **93**

Of autopsy \_\_\_\_\_

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? **0**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Devised D. Buford** (M. D. or other) **MD**

Address **2204 1/2 E. 15th** Date signed **1-21-47**

**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

*W. G. Flynn*

Licensed Embalmer No. *4-383*

P. O. Address, *1819 E. 15<sup>th</sup> Ave 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.**