No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31407

FILED OCT 11 1947

Registration District No. 947

Primary Registration District No. 1002

Registrar's No. 4103

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

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: Aladin Hotel 1213 Wyandotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Shawnee
(c) City or town Topeka
(If outside city or town limits, write "RURAL")
(d) Street No. 2007 Buchanan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry F. Reid
3. (b) If veteran, name war World War 11
3. (c) Social Security No. NONE
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Lee Reid
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased June (Month) 14 (Day) ~~1947~~ 1915 (Year)

8. AGE:

Years	Months	Days	If less than one day
32	3	12	hr. min.

9. Birthplace Bessemer Alabama
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Army Major
11. Industry or business U.S. Army
FATHER
12. Name Henry F. Reid Sr
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Coroner's Office
(b) Address Court House
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Birmingham Alabama
18. (a) Signature of funeral director Quick & Tobin
(b) Address 20 W. Linwood
19. (a) 9-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1947 hour ..... minute ..... 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.

Immediate cause of death Circulatory Failure
Due to Alcoholism - Acute
~~Due to~~ Chronic Hepatitis
Other conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Deputy Coroner
Of autopsy See Above 1/24/48

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature A. E. Asher (M. D. or other) MD
Address 2800 Main Date signed 9/28/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1941

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.