

Registration District No. **149**

Primary Registration District No. **1002**

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: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 HRS.
(Specify whether years, months or days)

In this community 36 YRS.

3. (a) PRINT FULL NAME JOHN HENRY REED

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife Bessie Reed

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased MARCH 17, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>10</u>	<u>29</u>	hr. min.

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

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER

12. Name JOE REED

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

14. Maiden name MARGARET

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

16. (a) Informant Bessie Reed (WIFE)

(b) Address 1926 OLIVE

17. (a) Burial (b) Date thereof 2/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1729 [Address]

19. (a) 2-20-48 (b) Sheraldine 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
(If outside city or town limits, write "RURAL")

(d) Street No. 1926 OLIVE
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 16,
year 1948 hour 11: minute 00 P. M.

21. I hereby certify that I attended the deceased from FEBRUARY 16, 1948 to FEBRUARY 16, 1948
that I last saw him alive on FEBRUARY 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOSCLEROTIC TYPE OF HEART DISEASE WITH HYPERTENSION
Due to GENERALIZED ARTERIOSCLEROSIS

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
Of autopsy

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) (Means of injury)

23. Signature [Signature] (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 2/17/48

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

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.