

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 194849
Primary Registration District No. 1002
File No. 12842
Registrar's No. 1827

WRITE PLAINLY—USE 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:
Steps Ivanhoe Temple 3
(If not in hospital or institution, write street number or location)
Linwood & Park
(d) Length of stay: 29 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME AMANDA GRACE REED

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Clinton Reed 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased September 2 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>7</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Home

11. Industry or business X

12. Name Unknown Manttan

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Rufus Reed

(b) Address 1027 Myrtle K. C. Mo

17. (a) Burial (b) Date thereof 4-28th-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. Mo

19. (a) 4-26-48 (b) Steraldine Helmes
(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. 2518 Cleveland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1948 hour 11 minute P M.

21. I hereby certify that I attended the deceased from known, 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 Coronary sclerosis
Due to arteriosclerosis

Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: no
History & Physical

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 Jamill Walker (M. D. or other) _____
Address 1948 24th St Date signed 4-25-48

7 15 2013

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 Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address KC 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.