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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16486

Registrar's No. 2243

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: 2133 B. Summit /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 72 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 2133 B. Summit St. 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country: ____

3. (a) PRINT FULL NAME: Sophia S. Mc Lane Reichelt

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 2

6. (b) Name of husband or wife: unknown

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

7. Birth date of deceased: December (Month) 6, (Day) 1875 (Year)

8. AGE: Years 72 | Months 5 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: Belton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: ____

FATHER
12. Name: Louis Velears 5
13. Birthplace: Paris (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name: Mary Eader
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Pauline Humphrey
(b) Address: 2133B. Summit

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Marys

18. (a) Signature of funeral director: Weilert Funeral Home
(b) Address: 2332 Monitor Place

19. (a) 5-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1948 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan. 1, 1948, to May 24, 1948, that I last saw her alive on May 24, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: broncho pneumonia	
Due to: myocardial insufficiency	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations 107	
Of autopsy: no	

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: 3

23. Signature: James E. Kelly (M. D. or other) Coron

Address: 1424 Independence Date signed: 5-26-48

(Licensed Embalmer's Statement on Reverse Side)

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. Weikert.....

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.