

108
47
39
906

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:
RESEARCH HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 WEEKS
(Specify whether years, months or days) 35 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3408 VIRGINIA
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME MRS. MARY ^{Alice} REESE
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ROY A. REESE 6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased MAY 13 1884
(Month) (Day) (Year)

8. AGE: Years 64 Months 65 Days 1 25 If less than one day
hr. min.

9. Birthplace ILL. Pope Co.
(City, town, or county) (State or foreign country)

10. Usual occupation HOME

11. Industry or business William Knight Cowger

12. Name Wm. Lowder

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

14. Maiden name AMELIA MOSER

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

16. (a) Informant ROY A. REESE
(b) Address 3408 VIRGINIA

17. (a) BURIAL (b) Date thereof 7-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS
18. (a) Signature of funeral director STINE & McCLURE
(b) Address KANSAS CITY, MO.

19. (a) 7-10-48 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 8
year 1948 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from Dec. 13, 1947 to 7-8, 1948
that I last saw her alive on July 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary with metastases
Duration 8 mos.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 490

PHYSICIAN
Major findings: Carcinoma of ovary
Of operations
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) (c) Means of injury
23. Signature Arthur S. Smith (M. D. or other)
Address 830 Argyle Bldg. Date signed July 9, 1948

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

MISSOURI DIVISION OF HEALTH

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.....

Robert H Reed

Licensed Embalmer No.....

3245

P. O. Address.....

B. E. Ho

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson } ss.

State File No. 2916
Local Registrar's No. 2856

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 9th day of Sept., 1950, before me appears Miss Tillie Roberts, who, upon her oath, states that the original record of ~~birth~~ death for Mary A. Reese died July 8, 1948, in the State of Missouri, and which was filed at K.C., Mo. on 7-10, 1948, should be corrected as follows:

Item No. 3 should read Mary Alice Reese

Instead of a.

Item No. 7 should read May 13, 1883

Instead of " ", 1884

Item No. 8 should read 65 yrs.

Instead of 64 "

Item No. 9 should read Pope County, Illinois

Instead of " "

Item No. 12 should read William Knight Cowger

Instead of " " Cowder

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Tillie Roberts daughter Relationship daughter

3408 Virginia Ave. Present Address K.C. Mo.

Subscribed and sworn to before me this 9th day of September, 1950

My Commission expires Oct. 21, 1951 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted, draw one line through error and write above it.

S-23145