S. No. 300
M—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26553
Registrar's No. 3522

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~~: 0
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 9 days (Specify whether
In this community LIFE TIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4520 Virginia 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country - - - -

3. (a) PRINT FULL NAME Lloyd CLARENCE Reece

3. (b) If veteran, name war NO

3. (c) Social Security No. 486-03-1648

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS FERN REECE

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased APRIL - 1 - 1903
(Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation EMPLOYEE

11. Industry or business KATHRENS MOVING & STOR. CO

FATHER
12. Name JACOB REECE
13. Birthplace AGENCY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ANNA WILLIAMS
15. Birthplace CAMDEN POINT (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. FERN REECE
(b) Address 4520 VIRGINIA AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-28-1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ FOREST HILL CEMETERY

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 8-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1948 hour 7 minute 59 A. M.

21. I hereby certify that I attended the deceased from Aug. 15, 1948 to Aug. 24, 1948; that I last saw him alive on Aug. 24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tabo paresis	
Massive bronchiopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

30 N

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

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 8-24-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bulpin

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 Jas T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.