

S. No. 300
M-10-47
rv. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26557**

FILED SEP 4 1948
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3450**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
In this community **51 years**
(Specify whether years, months or days)

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. **3732 Indiana Avenue**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME **Etta B. REID**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **21**
year **1948** hour **1** minute **25 P.** M.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **John T. Reid**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **February 15, 1888**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **August 18, 1948, to Aug 21, 1948**
that I last saw **her** alive on **Aug 21, 1948**
and that death occurred on the date and hour stated above.

8. AGE: Years **60** Months **6** Days **6**
If less than one day hr. min.

Immediate cause of death **Portal cirrhosis of the liver**
Due to **unknown**

9. Birthplace **Denver, Colorado**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **124 1/2**
Major findings: Of operations
Of autopsy **Aug 21, 48**

10. Usual occupation **Housewife**
11. Industry or business **At home**

MOTHER FATHER
12. Name **James Garvey**
13. Birthplace **Albany, New York**
(City, town, or county) (State or foreign country)
14. Maiden name **Nellie McDonald**
15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

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) (e) Means of injury

16. (a) Informant **Mr. John T. Reid**
(b) Address **3732 Indiana Ave., K.C., Mo.**
17. (a) **Burial** (b) Date thereof **8-24-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill Cemetery**

23. Signature **Merwyn J. Kunoel** (M. D. or other)
Address **Olga Table Kelly** Date signed **Aug 23, 48**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**
(b) Address **Kansas City, Missouri**
19. (a) **8-23-48** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

Dr. Rumold
6340 Indian Lane
1 mile west of
63 1/2 + State Hwy

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.