

S. No. 300  
M-10-47  
Rev. 5-17-39  
I 3906

FEDERAL BUREAU OF STATISTICS  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40322**  
Registrar's No. **5128**

FILED DEC 29 1948  
Registration District No. **149**

Primary Registration District No. **1002**

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: **STEVIA CONV. HOME**  
**1310 EAST ARMOUR BLVD**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 DAYS** (Specify whether)  
In this community **65 YEARS** (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. **7221 MADISON AVENUE** (If rural, give location)  
(e) Citizen of foreign country? **YES** (Yes or No)  
If yes, name country **GERMANY**

3. (a) PRINT FULL NAME **MRS. HENRIETTA AGNES REYSE**  
(b) If veteran, name war **NO**  
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **DECEMBER** Day **15<sup>TH</sup>**  
Year **1948** hour **6:20** minute **P** M.  
21. I hereby certify that I attended the deceased from **Jan 19 1948** to **Dec 15 1948**  
that I last saw him alive on **Dec 5 1948**  
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
(b) Name of husband or wife **MR DAVID C. REYSE**  
(c) Age of husband or wife if alive **—** years  
7. Birth date of deceased **MARCH - 9 - 1859**  
(Month) (Day) (Year)

Immediate cause of death  
**Arteriosclerosis of the Heart**  
Due to **Disease** Duration **39y.**  
Due to  
Other conditions **Senility**  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**89 9 6** hr. min.  
9. Birthplace **DIELINGEN GERMANY**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation **HOUSEKEEPER**  
11. Industry or business  
12. Name **FREDERICK RUPENHAMP**  
13. Birthplace **DIELINGEN GERMANY**  
(City, town, or county) (State or foreign country)

14. Maiden name **LOUISE SIEGRIEDE**  
15. Birthplace **DIELINGEN GERMANY**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Mrs. Louise Bethmann**  
(b) Address **7221 Madison Ave**  
17. (a) **BURIAL** (b) Date thereof **DEC-17-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?  
**Martin P. Hunter** (Specify type of place) While at work? (e) Means of injury  
23. Signature **Martin P. Hunter** (M. D. or other) **M.D.**  
Address **1408 Waldheim Bldg** Date signed **Dec 16, 1948**

(c) Place: burial or cremation **FOREST HILL CEMETERY**  
18. (a) Signature of funeral director **D. W. Newcomer, Sr.**  
(b) Address **1401 BRUSH CREEK BLVD.**  
19. (a) **12-17-48** (b) **Sheraldine Holman**  
(Date received local registrar) (Registrar's signature)

Waldman Kelly

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**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 Kay

Licensed Embalmer No. 4182

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.**