

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5090

369

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4816 Roanoke Parkway				d. STREET ADDRESS (If rural, give location) 4816 Roanoke Parkway			
3. NAME OF DECEASED (Type or Print) a. (First) Gertrude			b. (Middle) D.		c. (Last) Reasoner		4. DATE OF DEATH (Month) (Day) (Year) 1-24-49
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 20, 1897		9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days 7 8
IF UNDER 1 HRS. Hours Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Nebr.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ephram Dreitzler			13b. MOTHER'S MAIDEN NAME Ellen Cairns		14. NAME OF HUSBAND OR WIFE Robert Reasoner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. x		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Reasoner 4816 Roanoke Parkway			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (Massive) INTERVAL BETWEEN ONSET AND DEATH 10 min ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis - general + cerebral 5 yrs. DUE TO (c) Arterial Hypertension 8 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 33IX			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr. 28, 1948</u> , to <u>Jan 23, 1949</u> , that I last saw the deceased alive on <u>Jan 23, 1949</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE J. H. Danglade (Degree or title) J. H. Danglade M.D. (1)				23b. ADDRESS 411 Alameda Rd. K.C. 2, Mo.		23c. DATE SIGNED 1-24-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-27-49	24c. NAME OF CEMETERY OR CREMATORY St. Hastings, Nebr. Co.		24d. LOCATION (City, town, or county) (State) Hastings, Nebr.		
DATE REC'D BY LOCAL REG. 1-25-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE		ADDRESS KANSAS CITY, MO.	

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

Mr. Wang
411 - Central Ave. S.W. MO

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Max C. Meyer.....

Licensed Embalmer No. 4555.....

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.