

FILED JUL 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23806
State File No. 197
Registrar's No. 197

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>Rural (Blue)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>Lk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> <u>Rural (Blue)</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>RR 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Residence, RR 3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Reiss</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1949</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Mar. 29, 1879</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (State or foreign country) <u>Platte County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Sanders</u>	
14. NAME OF HUSBAND OR WIFE <u>Thos. Reiss</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Thos. Reiss, Independence, Mo.</u>		ADDRESS _____	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) _____		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Deputy coroner</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., for 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>De Lasher</u> (Deputy Coroner)		23b. ADDRESS <u>Mo. 2800 Main</u>		23c. DATE SIGNED <u>6/30/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>July 1, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Berry, Mo. Cem.</u>	
24d. LOCATION (City, town, or county) <u>Berry, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Gerson</u>		ADDRESS <u>Independence, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>7-1-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Gerson</u>		ADDRESS <u>Independence, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Jackson County Health Dept.,

County File Number _____

Date Filed _____

JUL 13 RECD

July 13-49

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 _____

John H. Heiman

Student Embalmer No. *269*

working under my personal supervision.

Signed *John H. Heiman*
Student Embalmer

Signed *R. L. Lisle*
Licensed Embalmer No. *4123*
P. O. Address *Independence, 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.