S. No. 300
EV. 10-48

FILED AUG 21 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

27026

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3503

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 40 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION: RESEARCH HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. ~~CITY~~ (If outside corporate limits, write RURAL and give township) STREET: 1021 EAST LINWOOD BLVD. ~~TOWN~~: BERKSHIRE HOTEL
d. ~~STREET ADDRESS~~ (If rural, give location) CITY: KANSAS CITY 49 MO

**3. NAME OF DECEASED** (Type or Print)
a. (First): ROWENA
b. (Middle): (NONE)
c. (Last): (RENA) Reid

**4. DATE OF DEATH** (Month) (Day) (Year): 8 - 11 - 49

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never married
**8. DATE OF BIRTH**: APRIL-18-1878
**9. AGE** (In years last birthday): 71
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): RETIRED 6 YRS.-TEACHER
**10b. KIND OF BUSINESS OR INDUSTRY**: KANSAS CITY SCHOOLS
**11. BIRTHPLACE** (State or foreign country): MEXICO, MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: WILLIAM REID
**13b. MOTHER'S MAIDEN NAME**: FLORA RUNKLE
**14. NAME OF HUSBAND OR WIFE**: NONE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service): ---
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: MARION REID JOHNSTON
ADDRESS: 1021 EAST LINWOOD BLVD.

**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): Carcinoma of vulva — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
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.*: None

**19a. DATE OF OPERATION**: None
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 8 - 4 -, 1949, *to* 8 - 11 -, 1949; *that I last saw the deceased alive on* 8 - 11 -, 1949, *and that death occurred at* 4 PM *m., from the causes and on the date stated above.*

**23a. SIGNATURE** Robert F. Wortmann (Degree or title): Robert F. Wortmann, M.D.
**23b. ADDRESS**: 510 Professional Bldg.
**23c. DATE SIGNED**: 8-11-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 8-13-49
**24c. NAME OF CEMETERY OR CREMATORY**: FOREST HILL
**24d. LOCATION** (City, town, or county) (State): KANSAS CITY MO

DATE REC'D BY LOCAL REG.: 8-13-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: D. W. Newcomer's Sons
ADDRESS: 1331 BRUSH CREEK BLVD KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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.

Signed Robert Ray

Signed .....
Student Embalmer

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson }

State File No. 270-[illegible]

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. 3503-49

On this 10 day of March, 194, before me appears Marion Reid Johnston, who, upon her oath, states that the original record of ~~birth~~ ~~death~~ death for Rowena Reid, ~~born~~ died 8-11-49, 19, in the State of Missouri, and which was filed at KC Mo on 8-13-1949, should be corrected as follows:

Item No. 3 should read Rowena (Rena) Reid

Instead of Rowena Reid

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Marion Reid Johnston Sister
Relationship.

1021 Linwood Apt 809 KC Mo
Present Address.

Subscribed and sworn to before me this 10th day of March, ~~194~~ 1950

My Commission expires Oct. 21. 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

S-27026