

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

(5568) 28438  
 State File No. \_\_\_\_\_  
 Registrar's No. 334

FILED SEP 9 - 1952

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 146  |  | PRIMARY REG. DIST. NO. 5888  |  | Registrar's No. 334  |  |
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON (Rural Blue) 0480   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY JACKSON |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY   |  | c. LENGTH OF STAY (in this place) 53 years  |  | c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY, Rural Blue 0480                            |  | d. STREET ADDRESS (If rural, give location) 140 South Oxford                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 140 South Oxford   |  | 3. NAME OF DECEASED<br>a. (First) Glenn   |  | b. (Middle) Walter   |  | c. (Last) Reber  |  |
| 4. DATE OF DEATH (Month) (Day) (Year) Aug - 16 - 1952  |  | 5. SEX MALE   |  | 6. COLOR OR RACE White   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED                   |  |
| 8. DATE OF BIRTH July 31 - 1899  |  | 9. AGE (In years last birthday) 53  |  | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  |  | 11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY Missouri          |  |
| 10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) MACHINIST   |  | 10b. KIND OF BUSINESS OR INDUSTRY Westinghouse  |  | 11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY Missouri  |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |  |
| 13a. FATHER'S NAME FRANK Reber   |  | 13b. MOTHER'S MAIDEN NAME CLARA A. WALL   |  | 14. NAME OF HUSBAND OR WIFE Geraldine Reber  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes  |  | 16. SOCIAL SECURITY NO. 49140-7996  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLARENCE Reber 5101 Brooklyn, Mo   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | 18. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic failure<br>ANTECEDENT CAUSES Curious of Liver<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH days  |  |
| 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)  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)   |  | 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 11/13 1951, to July 19, 1952, that I last saw the deceased alive on July 19, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) Ralph Emerson Duncan md   |  |   |  | 23b. ADDRESS 909 Angyle Bldg   |  | 23c. DATE SIGNED 8/1/52  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL   |  | 24b. DATE AUG 21 - 1952   |  | 24c. NAME OF CEMETERY OR CREMATORY MT MORIAH CEMETERY  |  | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI               |  |
| DATE REC'D BY LOCAL REG. 8-21-52   |  | REGISTRAR'S SIGNATURE [Signature]   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Div. Newcomer's Sons, Kansas City, Mo   |  |  |  |

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

2551 8 08

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 John R. Sudman

Licensed Embalmer No. 4531

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.