

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 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) KANSAS CITY	c. LENGTH OF STAY (In this place) 48 YEARS 5 MONTHS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hospital			
a. STREET ADDRESS		(If rural, give location) 7910 South Benton Avenue 3968	

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) EUGENE c. (Last) REYNOLDS	4. DATE OF DEATH (Month) (Day) (Year) MAY 21, 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 9, 1906	9. AGE (In years last birthday) 48 if UNDER 1 YEAR Months if UNDER 12 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finisher	10b. KIND OF BUSINESS OR INDUSTRY Contracting	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ALANSON TREADWELL REYNOLDS	13b. MOTHER'S MAIDEN NAME SADIE JANE GILLILAND	14. NAME OF HUSBAND OR WIFE HELEN C. REYNOLDS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give year or dates of service) 3/25/42 to 12/23/44	16. SOCIAL SECURITY NO. 487-10-6469	17. INFORMANT'S SIGNATURE OR NAME Official Records, VA Hospital, K.C.Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		3 months
	ANTECEDENT CAUSES DUE TO (b) Primary Carcinoma left lung with brain Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) metastasis		
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 None	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I ^{VA} attended the deceased from May 18, 1954, to May 21, 1954, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

22a. SIGNATURE Thomas J. Rankin, M.D.	(Degree or title) M.D.	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 5/24/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 24-1954	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 5-24-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE O. H. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.
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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..

Student.....
Signature of Student Embalmer

Signed *Edward M. Ste...*

Licensed Embalmer No. 44

P. O. Address K.C. 10

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.