

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57 02 1297  
STATE FILE NUMBERRegistration District No. 149 Primary Registration District No. 1002 Registrar's No. 2897

|   |                                  |   |  |  |   |   |  |
|---|----------------------------------|---|--|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>KANSAS CITY</b>  |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         | c. CITY<br>OR<br>TOWN <b>KANSAS CITY</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>2200 E. 11th St.</b>   |                                  |   | Length of stay in lb<br><b>25 yrs.</b>   | d. STREET<br>ADDRESS <b>2200 E. 11th St.</b>   |   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) <b>HATTIE</b> First <b>MAE</b> Middle <b>REYNOLDS</b> Last   |                                  |   |  | 4. DATE OF DEATH<br><b>June 19, 1957</b> Month Day Year  |   |   |  |
| 5. SEX<br><b>Female</b> 3   | 6. COLOR OR RACE<br><b>Negro</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>February 1912</b>   |   | 9. AGE (In years last birthday) <b>45 yrs.</b><br>IF UNDER 1 YEAR<br>Months Days Hours Min.         |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><b>Belvona, Mississippi</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 13. FATHER'S NAME<br><b>Henry Brown</b>   |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Mollie Horton</b>   |   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT<br><b>Willie Reynolds 2200 E. 11th St. rear</b> Address  |   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Shock and Dehydration</b>   |                                  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  |   |  |  |   | DUE TO (b) <b>Intestinal Obstruction</b>  |  |
|   |                                  |   |  |  |   | DUE TO (c) <b>post operative - 7 yrs. ago (pancreas)</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>5705</b>   |                                  |   |  |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |   |   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.   |                                  |   |  |  |   |   |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION   |   | 20g. COUNTY STATE   |  |
| 21. I attended the deceased from <b>June 19, 1957</b> to <b>June 19, 1957</b> and last saw her alive on <b>June 19, 1957</b><br>Death occurred at <b>6:30</b> A.M. on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |  |   |   |  |
| 22a. SIGNATURE<br>(Degree or title)<br><b>George H. Taft, M.D.</b>  |                                  |   |  | 22b. ADDRESS<br><b>2204 E. 18th St.</b>  |   | 22c. DATE SIGNED<br><b>6-19-57</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>6-22-57</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Blue Ridge Lawn</b>                                 |  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |   |  |
| 24. FUNERAL DIRECTOR<br><b>Walter Bros. Fun. Hse. 18th &amp; Benton</b> ADDRESS   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>6-21-57</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b>                             |   |  |

Health, Welfare, Public Service  
300  
1-56  
All diseases in Part I must be casually related. Coroner cannot certify a death due to natural causes. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
George H. Taft



3:30

Dec 1-4-22

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 *Bruce R. Watkins*

Licensed Embalmer No. 45

P. O. Address 18th & B

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.