

FILED SEP 19 1957

STANDARD CERTIFICATE OF DEATH

32122

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3951

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis &amp; Bluff St. 30</b>			Length of stay in 1b <b>30</b> Yrs		d. STREET ADDRESS <b>1512 Penn. Kansas City</b>
3. NAME OF DECEASED (Type or print) <b>Wilbur F. Reed</b>			4. DATE OF DEATH <b>8-21-57</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-22-08</b>		9. AGE (In years last birthday) <b>49</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mill Worker</b>		11. BIRTHPLACE (City and state or country) <b>Eldon, Missouri</b>	
13. FATHER'S NAME <b>Robert Reed</b>			14. MOTHER'S MAIDEN NAME <b>Abbie Youst</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>486-01-9197</b>		17. INFORMANT Address <b>Opal Silk, 1512 Penn, K. C. Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Stroke &amp; Hemiplegia resulting from crushing injury of head</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH <b>E 8027 35</b>
20a. ACCIDENT <input checked="" 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.) <b>Struck by train</b>			
20c. TIME OF INJURY Hour: _____ a. m. _____ p. m. <b>8-21-57</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg, etc.) <b>retired</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Lansing Jackson Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Geo C Kealhofer</b>			22b. ADDRESS <b>607 Park St S.W.</b>		22c. DATE SIGNED <b>8-22-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8-23-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cemetery</b>	
		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>H. Tigerman &amp; Sons Funeral Home K. C. Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>8-22-57</b>		26. REGISTRAR'S SIGNATURE <b>Nora Minshall</b>



75-12-0  
 60-12-1  
 88-01-10-88A

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. LeRoy Mooney*

Licensed Embalmer No. 47

P. O. Address 1100

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.