

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

38178  
Do not use this space.

1. PLACE OF DEATH **REC'D DEC 14 1938**  
 (a) County Jackson Registration District No. 399  
 (b) Township Law Primary Registration District No. 100  
 (c) City Kansas City (d) Street No. 1915 Vine St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 543 Dora Reynolds  
 (a) Residence, No. 1915 Vine St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stellie Reynolds  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1894  
 7. AGE YEARS 44 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1938  
 22. I HEREBY CERTIFY That I attended deceased from Nov. 3 1938 to Nov 10 1938  
 I last saw her alive on Nov. 10 1938. Death is said to have occurred on the date stated above, at 4:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Broncho-Pneumonia  
1070  
 Other contributory causes of importance:  
Acute Pulmonary Edema  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy as there an autopsy? yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. L. Tatelman M. D.  
 (Address) 1618 1/2 Lincoln Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 1  
 FATHER  
 13. NAME Louis Thompson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 1  
 MOTHER  
 15. MAIDEN NAME Mildred Townsend  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 1  
 17. INFORMANT (ADDRESS) Arthur Thompson  
1915 Vine  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Huttlawa DATE 11/14 38  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hatkins Bros.  
1729 Lydia  
Nov. 12 1938 M. M. Brown  
 Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

*T. B. Watkins*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*T. B. Watkins*

Licensed Embalmer No.....

*2889*

P. O. Address.....

*1729 Lyda*

**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, above space should be left blank.**