DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 6 1939

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

Board of Health
State File No. 28368
Registrar's No. 3370

1. PLACE OF DEATH:

(a) County Jackson 2

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4212½ - EAST - 27TH
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 4212 East 27th, Street, K.C.Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Russell IRVING Rei nert 563

3. (b) If veteran, name war No ✓

3. (c) Social Security No. 492-12-2857 ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years ✓

7. Birth date of deceased Apr (Month) 13 (Day) 1917 (Year)

8. AGE: Years 22 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Okla City (City, town, or county) Okla (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Union Wire Rope Co

FATHER
12. Name George W. Reinert
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Smith
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr Geo W Reinert
(b) Address 4212½ E 27th

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug. 28-1939 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK. CEM

18. (a) Signature of funeral director D.W. NEWCOMER'S SONS
(b) Address 1401 - BRUSH CREEK, K.C.Mo.

19. (a) 8/27/39 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th, 1939
year 1939 hour 11:05 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__;
that I last saw _____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Due to Gunshot wound of head

Due to _____ 167

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 8-25-39
(c) Where did injury occur? K.C. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Victor B. Bahler (M.D. or other)
Address K.C. Mo Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed C. Hervey Quisenbe

Licensed Embalmer No. 4070.

P. O. Address R. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.