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

35001
Do not use this space.

Registered No. 3976

1. PLACE OF DEATH
(a) County JACKSON Registration District No. 399
(b) Township KAW Primary Registration District No. 1002
(c) City KANSAS CITY (d) Street No. 4342 BELLEFONTAINE 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 62 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MR. CHARLES ANTONE REED
(a) Residence, No. 4342 BELLEFONTAINE St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. BETTY REED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-14-1863

7. AGE: Years 76 | Months 6 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FOREMAN
9. Industry or business in which work was done, as saw mill, bank, etc. ADMIRAL HAY-PRESS CO.
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORWAY

FATHER
13. NAME CHRISTAIN REED
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME ANNA UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORWAY

17. INFORMANT MRS. BETTY REED
(ADDRESS) 4342 BELLEFONTAINE

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. WASHINGTON DATE OCTOBER-16 1939

19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS
(ADDRESS) 1401 BRUSH CREEK BLVD.

20. FILED 10/16 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-14 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1939 to Oct 14 1939
I last saw him alive on Oct 14 1939. Death is said to have occurred on the date stated above, at 12:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
131	

Other contributory causes of importance:

Uremia	
Chronic nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) Frances J. Henry M. D.
(Address) 2910 Harrison St.
Kansas City, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2.
50M-1-12-38
I X14025

2910 Harrison
2-5

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 H. O. Newcomer Jr

Licensed Embalmer No. 4045

P. O. Address Kansas City Mo.

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.