

7053 DEC 11 1939 395

Registration District No. _____

Primary Registration District No. 1007

Registrar's No. 4400

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: General Hosp # 2
 (d) Length of stay: In hospital or institution 11/4/39 to 11/17
 In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (d) Street No. 1420 E. 18th
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME JAUNITA REED

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color Col. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Carl Reed 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Jan. 18 1905

8. AGE: Years 34 Months 9 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Columbia MO

10. Usual occupation maid

11. Industry or business Private Family 0

12. Name John Brown 0

13. Birthplace Howard Co. MO 0

14. Maiden name Lou Woodruff

15. Birthplace Columbia MO

16. (a) Informant's own signature Lou Walls
 (b) Address 2021 Troost

17. (a) Burial (b) Date thereof 11-17-39
 (c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Nathans Bros.
 (b) Address 1729 Lynde 311

19. (a) Nov 17 1939 (b) W. M. Crowe

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12 year 1939
 hour _____ minute 10 P M.

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

Immediate cause of death Body
clothes caught fire while studying for
oil soaked wood

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

Major findings: Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 11-4-39
 (c) Where did injury occur? Home
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? 4 (Specify type of place) (s) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

OCT 28 1941

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 Isaac Jerome Maxlowe

Licensed Embalmer No. 3994

P. O. Address 1729 Lydia

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.