

WHITE 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.

1. PLACE OF DEATH: Jackson

(a) County _____

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

(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4000 E. 58th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME MAMIE MYRTLE REED 3A D

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

4. Sex Fe. 5. Color or race W. 6. (a) Single, widowed, married, divorced Div.

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 14th 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1940 hour 11 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 5-4-39, 19____, to 4-4-40, 19____; that I last saw her alive on 4-4-40, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>48</u>	<u>8</u>	<u>21</u>	hr. _____ min.
-----------	----------	-----------	----------------

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

10. Usual occupation house maid

Immediate cause of death CARCINOMA OF BREAST WITH EXTENSIVE METASTASES

Due to _____ 50

Due to _____

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

MOTHER FATHER

11. Industry or business _____

12. Name William Tracy

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Lydia T. Baumgardner

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harry L. Brewer

(b) Address 4000 E. 58th St.

17. (a) Nurial (b) Date thereof 4-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 5811 Troost

19. (a) April 6, 1940 (b) M. M. Brewer
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature O. J. DeMara M.D. (M. D. or other) _____

Address Supt. K.C. Gen. Hospital Date signed 4-6-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.