S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20722

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2339

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1140 White Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 22 Yrs. 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. 1140 White Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Leo Joseph Reiser 260

3. (b) If veteran, name war None

3. (c) Social Security No. In Chicago Office

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Julia Lorena Reiser

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August (Month) 1 (Day) 1876 (Year)

8. AGE: Years 63 Months 10 Days 4 If less than one day ___ hr. ___ min.

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

10. Usual occupation Chemist-Wood Preservation

11. Industry or business Rock Island Railroad

MOTHER FATHER

12. Name Enright Reiser

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

MOTHER

14. Maiden name Katherine Goddard

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

16. (a) Informant Mrs. N. A. Kriel

(b) Address Chicago Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director O. H. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) June 7, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 26 1940, 19__, to June 5 1940, 19__; that I last saw him alive on June 3 1940, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion. 9 yrs

Due to sclerosis

Due to

Other conditions Cholecystitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. R. Newman (M. D. or other)

Address 3924 Paul Smith Date signed June 6/40

(Licensed Embalmer's Statement on Reverse Side)

1314 Bryant Bldg
127-2

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 Kenneth Page Sept

Licensed Embalmer No. 4128

P. O. Address 1309 Brush Creek K.C.

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

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