

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24057
State File No. 2667
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

I. 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:
2941 Lister
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Yrs. (Specify whether
In this community 9 Yrs. years, months or days)

3. (a) PRINT FULL NAME James Glen Reese 20A

3. (b) If veteran, name war World War 3. (c) Social Security No. 486-09-9717

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Reese 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 12 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 0 19 hr. min.

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

10. Usual occupation Driver Dealers Transport

11. Industry or business

MOTHER FATHER { 12. Name James C. Reese

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

14. Maiden name Ida Worrell

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

16. (a) Informant Elizabeth Reese

(b) Address 2941 Lister

17. (a) Burial (b) Date thereof July 3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth Kansas

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C. Mo.

19. (a) July 2, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2941 Lister
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1940 hour _____ minute 8 P. M.

21. I hereby certify that I attended the deceased from April 2
_____ 1940 to July 1, 1940
that I last saw him alive on July 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 Day

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations ✓

Of autopsy ✓

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?

While at work? _____ (Specify type of place)

(e) Means of injury 1

23. Signature Walter Perry (M. D. or other) M.D.

Address 4800 E 24 Date signed 7-2-40

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

RECEIVED
188008 24 AT

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 Chas Wilks
Licensed Embalmer No. 18002644
P. O. Address 1800 Firwood

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.