

Registration District No. 399 Primary Registration District No. 1602

**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: Research Hospital, 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community 22 days (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri, (b) County Jackson, #8  
(c) City or town Kansas City, #9  
(If outside city or town limits, write "RURAL") #8  
(d) Street No. 4742 Terrace  
(If rural, give location) #0  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Edgar Reaville

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

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

**6. (b) Name of husband or wife** Jeanette Reavill **6. (c) Age of husband or wife if** alive 64 years

**7. Birth date of deceased.** (Month) Feb (Day) 1 (Year) 1873

**8. AGE:** Years 68 Months 2 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9: Birthplace** 1 California (City, town, or county) (State or foreign country)

**10. Usual occupation** Retired

**11. Industry or business** X

**12. Name** David Reavill

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

**14. Maiden name** Unknown (City, town, or county) (State or foreign country)

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

**16. (a) Informant:** Mrs. Jeanette Reavill

**(b) Address** 4742 Terrace, Kansas City, Mo.

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 5-24-41 (Month) (Day) (Year)

**(c) Place: burial or cremation.** Forest Hill, Mo.

**18. (a) Signature of funeral director.** Stine & McClure

**(b) Address** 3235 Gillham Plaza, K. C., Mo.

**19. (a) May 24 1941** (Date received local registrar) **M. M. Brown** (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month May day 23rd year 1941 hour 4:00 minute 0 M.

**21. I hereby certify that I attended the deceased from** 5/20 1941 to 5/23 1941

that I last saw him alive on 5/22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis **Duration** 2 days

Due to arteriosclerosis

Due to gita

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

Major findings: Of operations gita

Of autopsy \_\_\_\_\_

**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?** \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury 0

**23. Signature** John P. ... (M. D. or other) **Date signed** 5/25/41

**Address** 820 Professional Bldg

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

MOTHER FATHER

SEP 9 1941

Dr. R. C. Davis.

McCLAHAN

Cross Body 11 AM

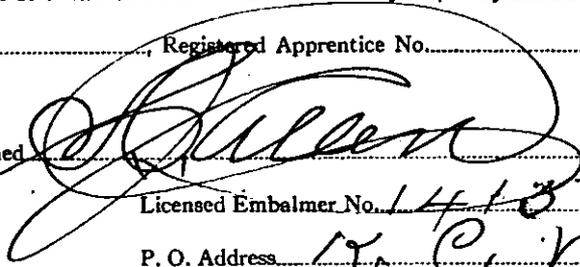
STATEMENT BY LICENSED EMBALMER

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. 1413

P. O. Address M. C. V. M.

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.