

No. 2
13-40
17-39
X23159

FILED NOV 13 1941
357

Registration District No. _____

Primary Registration District No. 1002

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

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:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

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

In this community 12 Years 0

3. (a) PRINT FULL NAME Bertha Reeves

3. (b) If veteran, name war N O

3. (c) Social Security No. 496-16-6992

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Delmar Reeves

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

7. Birth date of deceased Sept. 24, 1910
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>0</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) Missouri

10. Usual occupation W. P. A.

11. Industry or business Government

12. Name Albert B. Geary

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

14. Maiden name Bettie Lindhont

15. Birthplace On the Atlantic Ocean
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Geary

(b) Address 2832 Wenzel

17. (a) Burial (b) Date thereof 10/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 718 Brooklyn

19. (a) 10/21/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

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

(d) Street No. 2832 Wenzel
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 12 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
year 1941 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from 10-12-41
_____, 19____, to 10-20/41, 19____;

that I last saw her alive on 10-20-41, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death:
1) Pulmonary Bacterial Endo-Carditis

2) Rheumatic Heart Disease
3) Cerebral Embolism

Due to _____
95 B

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

Major findings:
Of operations _____

Of autopsy Findings as above
Noted

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 John T. Chumey (M. D. or other) M.D.
Address 311 Angls Bldg K. C. Mo Date signed 10/21/41

Dr. John Ruman
anyge Bld.
11/15/97

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed J. Clau. Shoppert

Licensed Embalmer No. 4179

P. O. Address K. C. Mo.

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, fact should be so stated above.