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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34049

Registration-District No. 399

Primary Registration District No. 1002

Registrar's No. 3989

48  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH Jackson  
 (a) County Kansas City  
 (b) City or town Kansas City  
 (c) Name of hospital or institution N.C. General Hospital No. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 months & 3 days  
 In this community 5 weeks  
 years, months or days

3. (a) PRINT FULL NAME JAMES REARDON  
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive None years  
 7. Birth date of deceased Oct. 20 1923  
 (Month) (Day) (Year)

8. AGE: Years 18 Months 4 Days 4 If less than one day  
 hr. min.

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

10. Usual occupation School pupil

11. Industry or business Going to School

12. Name Chas. A. Reardon

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

14. Maiden name Jessie Gibson

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

16. (a) Informant Mrs. Jessie Wallace

(b) Address 4109 Independence, C. Mo.

17. (a) Funeral (b) Date thereof 10/26/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingville Mo

18. (a) Signature of funeral director J. H. Murray

(b) Address 10/26/41 Golden Mo

19. (a) 10/26/41 (b) J. H. Murray  
 (Date received local registrar) (Registrar's signature)

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. 3238 Independence Avenue  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 24th  
 year 1941 hour 9:00 P. M. minute 0  
 21. I hereby certify that I attended the deceased from 8-21-41, 19  , to 10-24-41, 19  ;  
 that I last saw him alive on 10-24-41, 19  ;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum  
 Due to 1 1/2 hr  
 Due to  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations  
 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  
 23. Signature Wm. R. Thon (M. D. or other)  
 Address Med. Dir. K.C. Gen. Hospital Date signed

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. H. Murray

Licensed Embalmer No. 2893

P. O. Address Holden 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.**