

FILED AUG 17 1942  
Registration District No. 1749

Primary Registration District No. 1002

48  
83  
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:  
3234 East 7th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 59 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 3234 East 7th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --

3. (a) PRINT FULL NAME Mr. Eugene Frank Reed  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 2nd  
year 1942 hour 11 minute 10 A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Mrs. Minnie S. Reed  
6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased August 30 1899  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1, 1942, to Aug 2, 1942  
that I last saw him alive on Aug 2, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
82 11 32 .hr. min.

Immediate cause of death Arteriosclerosis Duration 3 days

9. Birthplace Perry Pike County Illinois  
(City, town, or county) (State or foreign country)

Due to arteriosclerosis  
Due to 830d

10. Usual occupation Chief Yard Clerk - Retired

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

11. Industry or business Milwaukee R. R.

MOTHER FATHER  
12. Name Henry H. Reed  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen E. Abbott  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Hal A. Reed  
(b) Address 3811 Morrell Avenue

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?

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof August 4, 1942  
(Month) (Day) (Year)  
(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.  
19. (a) 8-3-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury  
23. Signature R. Wehlaus (M. D. or Ch.D.)  
Address 5400 St John Date signed 8/3-42

5400 H. John Avenue  
2-6

**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 *Emile H. Colborn*  
Licensed Embalmer No. *3506*  
P. O. Address: *K. E. 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.**