V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1942

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32928

Primary Registration District No. 1002

Registrar's No. 3757

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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: K.C.G.H.1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Days. (Specify whether years, months or days)
In this community: unknown

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.: 613 Main (If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country: 0

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3. (a) PRINT FULL NAME: FRED REHFORD
3. (b) If veteran, name war: unknown
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: unknown
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day hr. min.
57 —			

9. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation: Cook
11. Industry or business:
MOTHER FATHER
12. Name: unknown
13. Birthplace: " (City, town, or county) 9 (State or foreign country)
14. Maiden name: unknown
15. Birthplace: " (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Coroners office
(b) Address: KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hill
18. (a) Signature of funeral director: [illegible]
(b) Address: KC Mo
19. (a) 10-15-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 6th
year: 1942 hour: 4.55 minute: A.M.
21. I hereby certify that I attended the deceased from: Oct 8th, 19..; that I last saw h.. alive on: ..., 19..; and that death occurred on the date and hour stated above.
Immediate cause of death: Crushing injury to the chest. — Duration: 8
Due to: 186B
Due to: 39
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: —
Of autopsy: Inspection & history

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): do not know
(b) Date of occurrence: 9/1/42 123
(c) Where did injury occur? K.C. Mo. Jackson Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 613 Main (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. or other)
Address: K.C. Mo. Date signed: 10/8/42

(Licensed Embalmer's Statement on Reverse Side)

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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. 4273

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.