V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9266

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1201

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: Vineyard Park Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Weeks (Specify whether
In this community 38 years
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")

(d) Street No. 2842 Troost 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS NAOMI L REEVES

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased July 12 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Ronoake West Virginia 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ewing Wright
13. Birthplace No record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Wells
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. E. Remaley
(b) Address 1404 South 27th K.C. Kans

17. (a) Burial (b) Date thereof 3/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Quirk and Tobin Co
(b) Address 20 West Linwood

19. (a) 3/9/43 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day March
year 1943 hour 3;00 minute P M M.

21. I hereby certify that I attended the deceased from Jan 10, 1943, to Mar 5, 1943;
that I last saw her alive on Mar 5, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	10 days
Due to Chr. Intestinal Nephritis	1 yr
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131A

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J G Sheldon D (M. D. or other)
Address 922 Union Kc Mo Date signed 3-6-43

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M Quick

Licensed Embalmer No. 3774

P. O. Address Kansas City 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.