

150 JUN 7 1943 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2300

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. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 hours
(Specify whether years, months or days)
 In this community 41 years

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") 7
 (d) Street No. 318 Archibald 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harry E. Reece
 (b) If veteran, name war No (c) Social Security No. 492-14-2027

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 23
 year 1943 hour _____ minute _____ M.

4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Hallie M. Reece (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased January 7 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 22, 1943, to May 23, 1943
 that I last saw him alive on 5/23 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 4 16 hr. _____ min.

Immediate cause of death Coronary Thrombosis 12 hrs
 Due to Coronary sclerosis 6 mo
 Due to _____

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

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

10. Usual occupation Supt. P. O. Station E

11. Industry or business 31st & Troost

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Commodore B. Reece
 13. Birthplace Johnson Co., Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary C. Mittong
 15. Birthplace Somerset Co., Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hallie M. Reece
 (b) Address 318 Archibald St.

17. (a) Burial (b) Date thereof 5-25-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City, Mo.

19. (a) 5-25-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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 P. J. Cornell MD (M. D. or other) 3/24/43
 Address 207 W. 11th St. W. Mo. Date signed _____

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

*2-5-1964
The Sing
Rd. 3706 Rd.
J. O. O'Connor*

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 Clarence W. Clute

Licensed Embalmer No. 3473

P. O. Address Xcme

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.