

V. S. No. 2  
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 Rev. 5-17-39  
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27453

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

SEP 7 1943  
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3712

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: Neece Convalescent Home 4  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Years (Specify whether  
 in this community 20 Years years, months or days)

3. (a) PRINT FULL NAME LAWRENCE REEDY  
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband (with age) Am Reedy (DECEASED) 75 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased Dec 24 1863 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 8 2 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Reedy

13. Birthplace Ireland (City, town, or county) (State or foreign country) 4

14. Maiden name Unknown (State or foreign country) 9

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

16. (a) Informant Lawrence Elbert Reedy

(b) Address 3912 Michigan 8 28 43

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 28 43 (Month) (Day) (Year)  
Kidder Mo

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood  
 19. (a) 8-27-43 (Date received local registrar) (b) J. E. Brown, Sep (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
3912 (If outside city or town limits, write "RURAL") 8  
 (d) Street No. Michigan (If in rural place, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26th  
 year 1943 hour 6 P.M. minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from May  
 \_\_\_\_\_, 1942, to Aug. 26, 1943  
 that I last saw him alive on Aug 26, 1943,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral accident  
 Due to Hyper tension  
 Due to Atherosclerosis  
8301  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 L. W. Stowell (M.D. or other) DO.  
 Address 241 N. 13th St. Date signed 8-27-43

DR G.W. STOWEL

Merby Bg W3515

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..... *Chas Wilks* .....

Licensed Embalmer No. *2644* .....

P. O. Address *1800 Linwood* .....

**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.