

FILED NOV 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3747
4678
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution unknown 10-14-11
In this community 10-14-43, 11-3-43 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Miss E. Alberta Reeves

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or Grace White 6. (a) Single, widowed, married, Divorced Single

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

7. Birth date of deceased November 29 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 11 4 hr. min.

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

10. Usual occupation Retired
11. Industry or business School Teacher

MOTHER FATHER
12. Name John N. Reeves
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Estiline Childs
15. Birthplace Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Myra W. Reeves
(b) Address Garden City, Kansas.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-4-43
(Month) (Day) (Year)
(c) Place: burial or cremation Garden City, Kansas,

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-4-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999
(c) City or town Garden City (If outside city or town limits, write "RURAL") 14
(d) Street No. 0 (If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No) 2
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1943 hour 7 minute 45 P. M.
21. I hereby certify that I attended the deceased from Oct 14, 43
to Nov 3, 43
that I last saw her alive on Nov 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus Duration 5 min
Due to Carcinoma Recto
Sigmoid (Resection) 8 hrs
Due to Carcinoma Recto
Sigmoid unknown
Other conditions 46d
(Include pregnancy within 3 months of death)

Major findings: Annular Carcinoma
Of operation Recto Sigmoid Junction
Of autopsy None
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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury no
23. Signature George J. Conley (M. D. or other)
Address _____ Date signed _____

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

NOV 24 1947

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 *John H. Hurley*.....
Licensed Embalmer No. *4550*.....

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.