

FILED JAN 5 1944

Registration District No. _____

Primary Registration District No. **1002**

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:
Conley Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 hours**
(Specify whether years, months or days)

In this community **few days**

3. (a) PRINT FULL NAME **Richard M. Reed**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **Wh.**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Oct. 21st, 1943**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	2	84	_____ hr. _____ min.

9. Birthplace **Brumley Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Child**

MOTHER FATHER

12. Name **Kent Reed**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Bonnie Hoff**

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

16. (a) Informant **Kent Reed**

(b) Address **Brumley Missouri**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **12/26/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Brumley Missouri**

18. (a) Signature of funeral director **Earp Funeral Home**

(b) Address **Kansas City Mo**

19. (a) **12-26-43** (Data received local registrar)

D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **7012 East 17th.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **25th.**
year **1943** hour **12** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **10-20-43**
1943, to **12-25** 1943,
that I last saw him alive on **12-24-43** 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Influenza**

Due to _____

Due to **330**

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

Major findings:
Of operations _____

Of autopsy **Congestion in lungs**

Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury **2**

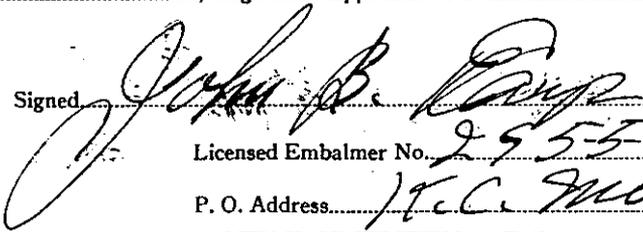
23. Signature **W. D. M. Mureg** (M. D. or other) **D. O.**

Address **613 Sarpyville Rd. K.P. Mo.** Date signed **12-25-43**

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. 2955

P. O. Address

1700 E. 9th

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.