V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1945

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002.

State File No. 1386

Registrar's No. 5382

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:
3829 Central St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 2years
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. 3829 Central 8
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME Elbert F. Reid

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 Married

6. (b) Name of husband or wife Mary F. Reid

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Sept 6th (Month) 1858 (Day) (Year)

8. AGE: Years 86 | Months 3 | Days 23 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Retired Salesman

11. Industry or business

FATHER
12. Name Ennis Reid
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Thos S. McMillen
(b) Address 3829 Central

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec-31-44 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton Missouri

18. (a) Signature of funeral director Consalus & Peck
(b) Address Clinton Missoiri

19. (a) 12-31-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29th
year 1944 hour 4 minute P M.

21. I hereby certify that I attended the deceased from April 10, 1944, to Dec 28, 1944; that I last saw him alive on Dec. 28, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~[illegible]~~ Uremia	5 days
Due to Pyelitis	3 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy none done.

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 Otto Hofmann (M. D. or other)
Address 900 Rialto Bldg. Date signed 12-30-44

(Licensed Embalmer's Statement on Reverse Side)

Dr Ottokar Hoffman
Rialto bg vI -
V12966

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 E. Wilks

Licensed Embalmer No. 2644

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.