S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40238

Registration District No. 147 Primary Registration District No. 1002. Registrar's No. 5059

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 DAYS (Specify whether
In this community 3 WEEKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 42

(c) City or town BROWNINGTON 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DONALD LEON REED

3. (b) If veteran, name war — no

3. (c) Social Security No. none

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, ~~widowed, married, divorced~~ 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased AUGUST (Month) 19 (Day) 1937 (Year)

8. AGE: Years 8 Months 3 Days 20 If less than one day hr. min.

9. Birthplace BROWNINGTON (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation — child

11. Industry or business —

FATHER
12. Name RAYMOND ELWOOD REED
13. Birthplace UNKNOWN (City, town, or county) COLORADO (State or foreign country)

MOTHER
14. Maiden name ABBIE E. LANE
15. Birthplace DEEPWATER (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant Raymond Elwood Reed
(b) Address Brownington, Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DEC. 9 1945 (Month) (Day) (Year)
(c) Place: burial or cremation CLINTON, Mo.

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd. K.C. Mo.

19. (a) 12-9-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th year 1945 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec 4, 1945, to Dec-9-, 1945; that I last saw him alive on Dec 9, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sarcoma of Liver	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46 ff	

Major findings:
Of operations As above

Of autopsy

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 0

23. Signature Hobart K.B. Allibach (M. D. or other)
Address 2300 Holmes K.C. Mo Date signed 12-9-45

(Licensed Embalmer's Statement on Reverse Side)

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 H O Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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.