

No. 2
4-5-43
5-17-39
I X36671

FILED MAR 2 1946

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:
2 West 37th Street (1st floor.)
(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 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2 West 37th Street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dr. DAVID HUSE REEDER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1946 hour 5:15 minute P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maudie H. Reeder

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 17 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1, 1946, to Feb 9, 1946
that I last saw him alive on Feb 9, 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Coronary occlusion

Due to Senile atrophy of
cardiac muscle

Due to with Angina Pectoris

Other conditions: _____
(Include pregnancy within 5 months of death)

MOTHER FATHER

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

10. Usual occupation Physician

11. Industry or business P.O., M.D., D.O., & N.D.

12. Name Thomas Reeder

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

14. Maiden name Lucinda Jane Bergman

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

16. (a) Informant Garnes Reeder

(b) Address Shawnee, Kansas

17. (a) BURIAL (b) Date thereof FEB. 13 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEM.

18. (a) Signature of funeral director N. H. Tucomeis, D.O.

(b) Address 1401 Brush Creek Blvd.

19. (a) 2-12-46 (b) Erudine Holmes
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. Reifinger (M. D. or other) _____
Address 311 Artygh Alley Date signed 2/11-46

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

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 E. Oscar Forkey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.