

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16806

FILED JUN 10 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2375

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:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 15 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 2

(d) Street No. 1034 Monroe
(If rural, give location) 8

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mahala Martha Reed

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1946 hour 5 minute _____ P.M.

4. Sex Femal / 5. Color or race White

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

6. (b) Name of husband or wife Charles E. Reed

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 17, 1940 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner
Broncho pneumonia

8. AGE: Years Months Days If less than one day

74	2	9	hr. _____ min.
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Due to Gangrene of

Due to Fracture of Pelvis

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

Other conditions Injury by Fall
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: 1860-5
Of operations _____

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel H. Thomas

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hall

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

History & Inspection

16. (a) Informant Charles E. Reed

(b) Address 1034 Monroe

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence May 6 1946 Mo

(c) Where did injury occur? Kansas City
(City or town) (County) (State)

17. (a) Burial (b) Date thereof May 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. K.C. Kas.

(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)
Means of injury fall

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn Kansas City Mo.

23. Signature A.G. Usher (M.D. or Physician)
Address 2800 Main Date 5/27/46

19. (a) 5-28-46 (b) Seraldine Holme
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

15688 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..... *Carlson M. Moore*.....

Licensed Embalmer No. *3414*.....

P. O. Address..... *918 Brooklyn*.....

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.