

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: **General Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Cass**
 (c) City or town **Harrisonville "RURAL"**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **BONTA VIRGINIA REEVES**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **Fe** / **5. Color or race** **Wh**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Dennis Reeves**
6. (c) Age of husband or wife if alive **27** years
7. Birth date of deceased **August 3rd 1920**
 (Month) (Day) (Year)

8. AGE: Years **25** Months **10** Days **1**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Thomas Fortner**

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

14. Maiden name **Elsie Marie Vancamp**

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

16. (a) Informant **John Thomas Fortner**
(b) Address **Cass County Missouri**

17. (a) removal (Burial, cremation, or removal) **(b) Date thereof** **June 8, 1946**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Harrisonville, Mo.**
18. (a) Signature of funeral director **Bentley Mortuary**
(b) Address **5811 Troost**
19. (a) 6-5-46 (Date received local registrar) **(b) [Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**
 year **1946** hour **11:** minute **25 A.** M.
21. I hereby certify that I attended the deceased from **Person**, 19____, to____, 19____;
 that I last saw h_____ alive on____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
1st 2nd 3rd degree Burn
of head - arm - neck & leg
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **181-15**

Duration
PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy **no**
History & Physical

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident 19**
(b) Date of occurrence **6-1-46**
(c) Where did injury occur? **Archie, Cass County, Mo.**
 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Farm
 While at work? **yes** (Specify type of place) **(e) Means of injury** **Person**
23. Signature **[Signature]** (M. D. or other) **3**
Address **1424 [Address]** **Date signed** **6-4-46**

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

148
3
8

15

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.....

Ying S. Buffington, Registered Apprentice No.
working under my personal supervision.

Signed.....

Ying S. Buffington
Licensed Embalmer No. 2756

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.