

S. No. 2  
M-5-43  
v. 5-17-39  
I X36871

**FILED SEP 25 1946**

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Joseph  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days  
Specify whether

In this community 11 days  
years, months or days

3. (a) PRINT FULL NAME Reed, Mabel L.

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Russell

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 9 13 1900  
(Month) (Day) (Year)

8. AGE: Years 46 Months 0 Days 0  
If less than one day hr. min.

9. Birthplace West Mineral Kans  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Duncan Cunningham

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

14. Maiden name Helen Porter

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

16. (a) Informant Russell Reed

(b) Address Baldwin Kans

17. (a) Removal (b) Date thereof 9/13/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baldwin Kans

18. (a) Signature of funeral director Cade Buss

(b) Address 1416 Minn

19. (a) 9-13-46 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 977

(c) City or town Baldwin 14  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 9 day 13  
year 46 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from 9-5-46  
1946 to 9-13-46 1946

that I last saw her alive on 9-13-46 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion with left ventricular failure

Due to following cholelithiasis

Due to

Other conditions Cholelithiasis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Cholelithiasis

Of operations Cholelithiasis

Of autopsy 124

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? 124  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0  
(Specify type of place) (e) Means of injury

23. Signature E. N. Gentry M.D. (or other) 0

Address 915 1/2 46 (Bldg.) Date signed 9-13-46

OCT 11 1946

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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..... *C. H. Beckwith* .....

Licensed Embalmer No. *3987* .....

P. O. Address *Kans City Kans* .....

**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.**