

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 9 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **37146**  
Registrar's No. **5030**

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, with "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 2 weeks  
(Specify whether  
In this community 1 year  
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. 5524 Park  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 29  
year 1946 hour 4 minute P M.

21. I hereby certify that I attended the deceased from  
August 15 1946, to Nov. 29 1946  
that I last saw him alive on Nov. 29 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cancer of Intestine  
+ Liver  
Due to Melanoma Sarcoma  
of neck  
Due to Primary site - neck

Duration

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 552

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

**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 Harold A. Ballatt (M. D. or other) M.D.  
Address 1132 Post Bldg K.C. Mo. Date signed 11/30/46

3. (a) PRINT FULL NAME HENRY S REYNOLDS

3. (b) If veteran, name war no 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Reynolds 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased August 11 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 3 18 hr. min.

9. Birthplace Tyler, Texas (City, town, or county) (State or foreign country)

10. Usual occupation Merchandise

11. Industry or business Montgomery Ward & Co.

12. Name Henry S. Reynolds

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

14. Maiden name Rena Finley

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

16. (a) Informant Mrs. Nellie Reynolds

(b) Address 5524 Park K. C. Mo

17. (a) Removal (b) Date thereof Nov 30, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waco, Texas

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo.

19. (a) 11-30-46 (Date received local registrar) Geraldine Holmes (Registrar's signature)

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

MOTHER FATHER

**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 Chas E Wilks  
Licensed Embalmer No. 2644  
P. O. Address H.C.M.O.

**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.**