

FILED MAR 25 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1191

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs 8 min
(Specify whether
In this community 12 hours 8 min
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸
(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL"
(d) Street No. 309 West 38th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME

Baby girl Reed

(b) If veteran, name war _____

(c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased. 3 (Month)

7 (Day) 1947 (Year)

8. AGE:

Years

Months

Days

If less than one day

12 hr. 8 min.

9. Birthplace

Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

infant

11. Industry or business

MOTHER FATHER

12. Name Red Wreem Reed

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

14. Maiden name Edythe G. Perre Campbell

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

16. (a) Informant Mr. M.W. Reed

(b) Address 309 West 38th, K.C.Mo.

17. (a) Cremation
(Burial, cremation, or removal)

(b) Date thereof. 3 8, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation St. Luke's Hospital

18. (a) Signature of funeral director St. Luke's Hospital

(b) Address 44th & Miller St. Perry

19. (a) 3-15-47
(Date received local registrar)

(b) M. D. O'Leary
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1947 hour 4 minute 16 A.M.

21. I hereby certify that I attended the deceased from 4:08 P.M. 3-7-1947 to 4:16 A.M. 3-8, 1947
that I last saw her alive on 3-8 and that death occurred on the date and hour stated above.

Immediate cause of death Anoxemia

Duration

Due to Hemorrhage into both adrenals

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Hemorrhage into adrenals & anoxemia

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 Dwight R. Shoupe (M. D. or other) ⁰

Address 1107 Bryant Bldg Date signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.