

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9549**
Registrar's No. **37**

Registration District No. **146**
Primary Registration District No. **3026**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
In this community **35 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Ruth Anna Reeder**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Deceased**
6. (c) Age of husband or wife if alive **-** years

7. Birth date of deceased **September 7 1879**
(Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **2**
If less than one day hr. min.

9. Birthplace **Mt. Vernon Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business
12. Name **Elizer Prindle Phifer**
13. Birthplace **Unknown Virginia**
14. Maiden name **Elizabeth Jackson**
15. Birthplace **Unknown England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lynn J. Reeder**
(b) Address **624 S. Ash Fairmount Station K.C.**

17. (a) **Burial** (b) Date thereof **2 11 47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Floral Hills Cem.**

18. (a) Signature of funeral director **George C. Carson**
(b) Address **Independence, Missouri**

19. (a) **2-26-47** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Fairmount station Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **522 South Cedar** (If rural, give location) **Rural**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **9**
year **1947** hour **12** minute **23** a.m.
21. I hereby certify that I attended the deceased from **1/15/47**
to **2/8/47**
that I last saw him alive on **2/8/47**
and that death occurred on the date and hour stated above. **1947**

Immediate cause of death
Cardiac decompensation Duration **25 days**
Due to **Auricular fibrillation** - **1 month**
Due to **arterial hypertension** **3 years**
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **95A**
Of autopsy

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) **0**
(j) Means of injury
23. Signature **[Signature]** (M. D. or other)
Address **Fairmount station** Date signed **2/10/47**

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

354 (Licensed Embalmer's Statement on Reverse Side)

100-110-3

JUN 4 1948

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.....

William A. Schlanker, Registered Apprentice No. *439*
working under my personal supervision.

Signed *R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.