

S. No. 2
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5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12833

State File No. _____

FILED APR 17 1947

Registrar's No. 42

Registration District No. 47

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County... Clay

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

(c) Name of hospital or institution:
201 South Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... no
(Specify whether years, months or days) 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson 48

(c) City or town... Kansas City, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No... 4008 Oak St. 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE EDWARD REECE

3. (b) If veteran, name war... NO

3. (c) Social Security No... NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1947 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 3-9- 1947, to 3-22 1947
that I last saw her alive on 3-21 1947
and that death occurred on the date and hour stated above.

4. Sex... M 5. Color or race... W

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

6. (b) Name of husband or wife... Lillian Reece

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

7. Birth date of deceased... Mar. 31 1869
(Month) (Day) (Year)

Immediate cause of death... Coronary Occlusion - Duration 10 min.

Due to... Post Pneumonia - 20 days

Due to _____

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

8. AGE: Years Months Days If less than one day

77 11 21 hr. _____ min.

9. Birthplace... Cincinnati Ohio
(City, town, or county) (State or foreign country)

Major findings:
Of operations... 94 P

Of autopsy... _____

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

10. Usual occupation... Law Book Salesman

11. Industry or business _____

12. Name... Theodore Reece

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

14. Maiden name... Catherine Scanlon

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

16. (a) Informant... James R. Reece

(b) Address... 15417 Falmouth, K.C., Mo.

17. (a) Removal (b) Date thereof... Mar 22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Kansas City, Mo.

18. (a) Signature of funeral director... Hope F. ...

(b) Address... Epelision Springs, Mo.

19. (a) 3/27/47 (b) Carl ...
(Date received local registrar) (Registrar's signature)

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... W. L. ... (M. D. or other) W.
Address... Epelision Springs, Mo. Date signed 3/22/47

62 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 8,

Account File Number _____

Date Filed 4-16-47

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 Virgil Hope
Licensed Embalmer No. 3980
P. O. Address Excelsior Springs, 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.