

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13636

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1631

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:
6136 Walnut Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 40 years (years, months or days)

3. (a) PRINT FULL NAME Mrs. Dora L. Reed

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

3. (c) Social Security No. no.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased: February 26 1862
(Month) (Day) (Year)

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

85 1 11 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER

12. Name Henry Rice

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

14. Maiden name Johnson

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

16. (a) Informant Mr. C. H. Winger,

(b) Address 6136 Walnut St., Kansas City, Mo.

17. (a) burial (b) Date thereof 4-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-9-47 (b) Stearldine Holmes
(Date received local registrar) (Registrar's signature)

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. 6136 Walnut Street,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 7th
year 1947 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from April 1937 to Apr 7th 1947
that I last saw her alive on Apr 7th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion - Penitely

Due to Pernicious Anemia - 10 to 15 yrs

Due to

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations: none

Of autopsy: none

Duration

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?

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

While at work? no (Specify type of place) Means of injury no

23. Signature Tom B. Hill (M. D. or other) MD

Address 807 Apple Bldg Date signed Apr 8-47

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

Dr. Terry E. Lilly

appears Blady

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 Robert H. Reed
Licensed Embalmer No. 3745
P. O. Address Mc. 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.