

FILED MAY 29 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2265

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:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days) 2 years

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. 3331 Wyandotte
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Easter Rea

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 married

6. (b) Name of husband or wife Russell Rea 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 2, 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>1</u>	<u>20</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Harman

13. Birthplace Bowling Green Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Brumbaugh

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

16. (a) Informant Russell Rea
(b) Address 3331 Wyandotte

17. (a) removal (b) Date thereof 5-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plymouth, Mo.

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 5-23-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1947 hour 10 minute 10P. M.

21. I hereby certify that I attended the deceased from Oct. 20, 1946 to May 22, 1947;
that I last saw her alive on May 22, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death cardio vascular renal disease Duration 3 yrs.

Due to _____

Due to _____

Other conditions 131a
(Include pregnancy within 3 months of death)

Major findings: none performed

Of autopsy none performed

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 H. Wakefield (M. D. or other) MD

Address 2004 Brumby Bldg. Date signed 24 May 47

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.

10. Usual occupation Housewife
(City, town or county) (State or foreign country)

11. Industry or business _____

MOTHER FATHER { 12. Name John Harman

13. Birthplace Bowling Green Ky.
(City, town or county) (State or foreign country)

14. Maiden name Jessie Brumbaugh

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

16. (a) Informant Russell Rea

(b) Address 3331 Wyandotte

17. (a) Removal (b) Date thereof 5-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plymouth, Mo.

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 5-23-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

Major findings: None performed

Of operations _____

Of autopsy None performed

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? _____

(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature F. H. Wakefield (M. D. or other) M.D.

Address 2004 Bryan Bldg. K Date signed Mo. 13 May 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 *Alvin R Haenschel*

Licensed Embalmer No. *4159*

P. O. Address. *Kansas City 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.