

S. No. 2
-12-45
5-17-39
P I X47070

FILED MAY 29 1947

Registration District No. **1947** Primary Registration District No. **1002**

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

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:
3630 Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice O. Reece

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 widow

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

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

7. Birth date of deceased June 15, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>11</u>	<u>3</u>	<u>0</u> hr. <u>0</u> min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name Adam Eby

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

14. Maiden name Ree Minta Craven

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

16. (a) Informant Mrs. H. M. Isley

(b) Address 3630 Jefferson

17. (a) removal (b) Date thereof 5-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antich, Holt, Mo.

18. (a) Signature of funeral director Leonard Fry

(b) Address Kearney, Mo.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay **24**

(c) City or town Holt
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2-
17 1947 to death 1947
that I last saw her alive on May 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to hypertension & senility

Due to _____

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 0

23. Signature R. H. Owen (M. D. or other) 0

Address 2 Ke. mo. Date signed 5/19/47

OCT 3 1947

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

11. Industry or business ✓

MOTHER FATHER { 12. Name Adam Eby

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

MOTHER FATHER { 14. Maiden name Pertha Oran

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

16. (a) Informant Mrs. H. M. Kelly

(b) Address 3620 Jefferson

17. (a) Removal (b) Date thereof 5-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grave 5-20-47 Holt, Mo.

18. (a) Signature of funeral director Edward Frey

(b) Address Franklin St

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

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?

(Specify type of place)

While at work?

(e) Means of injury

23. Signature Ed. Frey (M.D. or other)

Address Holt, Mo

Date signed 5/18/47

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 *Leonard Fry*.....

Licensed Embalmer No. *1677*.....

P. O. Address. *Kearney, 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.