

S. No. 2
1-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24342**
3120
Registrar's No.

FILED AUG 7 1947
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No.

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 DAYS**
(Specify whether
In this community **50 YRS.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON** **48**
(c) City or town **KANSAS CITY** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **1020 EUCLID** **8**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **HENRY REEF**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JULY** day **22**,
year **1947** hour **8**: minute **22** A.M.
21. I hereby certify that I attended the deceased from **JULY**
17, 19 **47** to **JULY 22**, 19 **47**
that I last saw him alive on **JULY 22**, 19 **47**
and that death occurred on the date and hour stated above.

4. Sex **MALE** 2
5. Color or race **NEGRO**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (c) Age of husband or wife if alive years **11**, 1869
7. Birth date of deceased **APRIL 11**, 1869
(Month) (Day) (Year)

Immediate cause of death **SHOCK**
Due to **SEVERE HEMORRHAGE FROM ULCER OF STOMACH**
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **SAME AS ABOVE**
Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
78 **3** **11**
hr. min.

9. Birthplace **PLATTE CITY** **MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **PORTER**

11. Industry or business

MOTHER FATHER { 12. Name **THOMAS REEF**
13. Birthplace **OKLAHOMA**
(City, town, or county) (State or foreign country)
14. Maiden name **FANNIE SWINNEY**
15. Birthplace **PLATTE CITY** **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MARY HILL (SISTER)**
(b) Address **1020 EUCLID**

17. (a) **Burial** (b) Date thereof **7/24/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Ed. K. C. No.**

(b) Address **1212 West St. K.C. Mo.**
19. (a) **7-24-47** (b) **Theraldine Holmes**
(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?
(Specify type of place) (e) Means of injury
23. Signature **Yank** (M. D. or other) **M.D.**
Address **GENERAL HOSPITAL NO. 2** Date signed **7/23/47**

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

E. Sterling Bills

Licensed Embalmer No. *3178*

P. O. Address. *1212 Vine St. K.C., 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.