No. 2
1—2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1278

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 442

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 12-26-47 (Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. x 4
(If rural, give location)

(e) Citizen of foreign country? no. 1 (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Marie Reinert

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

3. (c) Social Security No. no.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Roy W. Reinert

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years app. 39 | Months | Days | If less than one day ___ hr. ___ min.

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

10. Usual occupation at home.

11. Industry or business x

FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name unknown 9
15. Birthplace unknown (City, town, or county) 7 (State or foreign country)

16. (a) Informant Roy W. Reinert

(b) Address Sedalia, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-31-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Missouri

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

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

19. (a) 1-31-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from December 26, 1948 to Jan 30, 1948
that I last saw her alive on Jan 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis, abdominal

Due to

Due to

Other conditions 55 9
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinomatosis (origin not located)
Of autopsy

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? (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 0

23. Signature C. Huntington (M. D. or other) MD
Address Prof. Bldg. Kansas City Date signed 1/31/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. J. Hunt

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 J Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address 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.

S. No. 2B
1-3-45
I X43880

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BUREAU OF THE CENSUS

FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002. Registrar's No. 442

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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marie Reinert
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased October (Month) 12 (Day) 1908 (Year)
8. AGE: Years 39 Months 3 Days If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name C. C. Sullivan
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Alice Horton
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 1-31-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. Day 30 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S - 1278