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1-12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5240

Registration District No. 138

Primary Registration District No. 5572

Registrar's No. 40

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town RURAL PRAIRIE TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
JACKSON CO HOME - AGED WHITE S
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8.5 - 6M - 1D
(Specify whether)

In this community 35 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 41

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

(d) Street No. 523 GRAND
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ARNOLD H REINHOLDT

3. (b) If veteran, name was unknown

3. (c) Social Security No. unknown

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced 5

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased 5 10 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 15
year 1948 hour 7:30 minute AM

21. I hereby certify that I attended the deceased from 2-15, 1948 to 2-15, 1948
that I last saw him alive on 2-15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to

Due to

Other conditions: (include pregnancy within 3 months of death)

8. AGE: Years 58 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation unknown

11. Industry or business

MOTHER FATHER { 12. Name 9

13. Birthplace 1
(City, town, or county) (State or foreign country)

14. Maiden name 1

15. Birthplace 1
(City, town, or county) (State or foreign country)

16. (a) Informant JACKSON CO HOME RECORDS

(b) Address RR #4 - INDEP. MO

17. (a) Burial (b) Date thereof 2-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamar mo

18. (a) Signature of funeral director Carl Konantz

(b) Address Lamar mo

19. (a) 2-17-48 (b) Donall C. Evershaw
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations

Of autopsy 94A

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) (c) Means of injury

23. Signature J. H. Greene (M. D. or other)

Address Superior Date signed 4/6/48

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 N. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, 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.