No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8887

FILED APR 12 1948

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 1299

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WRITE PLAINLY—USING 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. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community 30 years
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. 7701 E. 17 St. 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Neil Reid

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Evelyn Reid

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 12 (Month) 23 (Day) 1888 (Year)

8. AGE: Years 69 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Retired

FATHER
12. Name George Reid 9
13. Birthplace No Record
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Ruddlesoe
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Evelyn Reid
(b) Address 7701 E 17th St

17. (a) Burial (b) Date thereof 3 24 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Sheil Funeral Home
(b) Address K.C. Mo

19. (a) 3-24-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1948 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from Feb. 25, 1948 to March 22, 1948
that I last saw him alive on March 22, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant hepatoma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46 f	
Major findings: Of operations	
Of autopsy See above	

PHYSICIAN

Underline the cause of 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 Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 3-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Terrell

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 Chas E. Mayfield, Registered Apprentice No. 18, working under my personal supervision.

Signed J. P. Sheil

Licensed Embalmer No. 2536

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.