

FILED MAY 24 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 564

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo 23 day  
(Specify whether years, months or days)

In this community 2 mo. 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4532 Park

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

If yes, name country.

3. (a) PRINT FULL NAME ALFRED REED

3. (b) If veteran, name war Do Not Know 3. (c) Social Security Do Not Know

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Christina E. Reed 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Jan. 17 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>85</u>	<u>4</u>	<u>1</u>	hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Do Not Know

13. Birthplace Do Not Know  
(City, town, or county) (State or foreign country)

14. Maiden name Judy A. Todd

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

16. (a) Informant Mrs. Kelly Ann Cook

(b) Address 4532 Park - K.C., Mo.

17. (a) Removal (b) Date thereof May 19 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director Thomas Funeral Home

(b) Address St. Joseph, Mo

19. (a) May 20, 1948 (b) P. B. Jenkins  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1948 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 12 to May 18, 1948.  
that I last saw him alive on May 18, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
(Found dead in bed)  
Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 6740  
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature James H. Jones (M. D.)

Address St. Joseph, Mo. Date signed 5/19/48

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

MOTHER FATHER

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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

*John Roy Stoney*

Licensed Embalmer No.

*2435*

P. O. Address

*H. Joseph*

**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.