

FILED JUL 12 1948  
Registration District No. 149

Primary Registration District No. 1002

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 51 DAYS  
(Specify whether years, months or days) 45 YRS.

In this community 45 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 2444 BROOKLYN  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEE REED

3. (b) If veteran, name war NO

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1, year 1948 hour 4: minute 00 A. M.

21. I hereby certify that I attended the deceased from MAY 11, 1948 to JULY 1, 1948 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 SINGLE

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

7. Birth date of deceased AUGUST 24, 191902  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>10</u>	<u>7</u>	hr. _____ min. _____

Immediate cause of death HYPERTENSIVE HEART DISEASE WITH DECOMPENSATION

Duration \_\_\_\_\_

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

10. Usual occupation COOK

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JOHN REED

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

14. Maiden name MELVINA McMIGHTER

15. Birthplace CALLOWAY COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

Major findings: 9322

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant ROY HARRISON (COUSIN)

(b) Address 2809 BENTON PLAZA

17. (a) Burial (b) Date thereof 7-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th St. K.C. Mo.

19. (a) 7-3-48 (b) Geraldine Holman  
(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? \_\_\_\_\_

While at \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)

Address GENERAL HOSPITAL NO. 2 Date signed 7/1/48

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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 *C. Kenneth Kerford*  
Licensed Embalmer No. *4437*  
P. O. Address.....

**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.**