

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23144
2908
Registrar's No. _____

FILED JUL 22 1948/49
Registration District No. _____

Primary Registration District No. 1002

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 2 DAYS (Specify whether
In this community 25 YRS. years, months or days)

3. (a) PRINT FULL NAME WADE REED
3. (b) If veteran, name war no 3. (c) Social Security No. unknown

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FANNIE REED 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased FEBRUARY 7, 1898
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 3 If less than one day
hr. min.

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

10. Usual occupation PEDDLER

11. Industry or business _____

12. Name W. T. REED

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

14. Maiden name PHYLLIS

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

16. (a) Informant Mrs. Fannie Reed

(b) Address 133 Paseo

17. (a) Burial (b) Date thereof 7/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1212 Vine St. Kansas City Mo

19. (a) 7-14-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 1331 PASEO (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 10,
year 1948 hour 9: minute 35 A. M.

21. I hereby certify that I attended the deceased from JULY 10, 1948 to JULY 10, 1948
that I last saw him IM alive on JULY 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE HEART DISEASE
WITH CARDIAC FAILURE Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]

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? _____

While at work? _____ (Specify type of place) Means of injury [Signature]

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

Address GENERAL HOSPITAL NO. 2 Date signed 7/14/48

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

47
39
508

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

Leonard Neff

Registered Apprentice No. *224*

working under my personal supervision.

Signed *E. Steubing Pillsbury*

Licensed Embalmer No. *3178*

P. O. Address *1212 Vine St, 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.