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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33060
Registrar's No. 3927

FILED NOV 4 1948
Registration District No. 749

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:
1231 Bellefontaine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 11 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jacksor
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1231 Bellefontaine
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie M. Reiss
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 25th
year 1948 hour 4 minute 30 A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 9 23 1878
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
70 0 2 hr. _____ min.

Immediate cause of death
Left Ventricular failure
Due to Coronary Occlusion 10 hours
Due to varicose disease

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) None

11. Industry or business _____
12. Name K.F. Peters
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Stassen
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. W.H. Reiss
(b) Address 3322 Mersington
17. (a) Burial (b) Date thereof 9-27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brookings

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? _____

18. (a) Signature of funeral director: Mrs. C.L. Forster
(b) Address Kansas City, Mo.
19. (a) 9-27-48 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(b) Means of injury _____
23. Signature E. J. Kelly (M. D. or other) MD
Address 807 Maple Bldg Date signed 9/25/48

Dr. Terry Lilly

Arzyle Bldg.

VI. 9670

APM

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.....

Joe B. Yoder

Licensed Embalmer No. *4172*

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.