300
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3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36826

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4671

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: 803 Pacific (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community Unknown years, months or days)

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. 803 Pacific (If rural, give location)

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

If yes, name country

48
3
5
8

3. (a) PRINT FULL NAME James H. Reed

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased July (Month) 22 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
76	2	24	hr. min.

9. Birthplace Indian Territory (City, town, or county) Okla. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name James Reed
13. Birthplace Indian Territory (City, town, or county) Okla. (State or foreign country)

MOTHER
14. Maiden name Caroline
15. Birthplace Indian Territory (City, town, or county) Okla. (State or foreign country)

16. (a) Informant Mrs. Willa Lee (Old Age Asst. Wkr.)

(b) Address 1907 Grand, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-48 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 11-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16 year 1948 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Deputy 19 to Coroner, 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Hypertensive Heart Disease

Due to

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

Major findings:
Of operations

Of autopsy No - Permit

Duration

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? (Specify type of place)

While at work? J. R. Williams (e) Means of injury

23. Signature M. Williams (M. D. ~~or other~~) DC

Address 2636 - Brooklyn Date signed 10-23-48

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City,

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.