

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19746

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2384

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 4310 Oak	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Luthern			
3. NAME OF DECEASED a. (First) James		b. (Middle) O.	
c. (Last) REEVES		4. DATE OF DEATH (Month) (Day) (Year) May 29, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 30, 1886
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 3 Days 29	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator		10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (State or foreign country) Grandview, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Peter O. Reeves		13b. MOTHER'S MAIDEN NAME Susan M. Craycraft	
14. NAME OF HUSBAND OR WIFE Mrs. Leatha Reeves			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. None	
(If yes, give war or dates of service) WW I		17. INFORMANT'S SIGNATURE OR NAME Mrs. Leatha Reeves, 4310 Oak, K.C., MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Renal Heart Disease		INTERVAL BETWEEN ONSET AND DEATH ??	
DUE TO (c) 		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE .HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1947</u> , 19 <u> </u> , to <u>5/29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5/29</u> , 19 <u>49</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE J. W. Young		23b. ADDRESS M.D. 1401 S.W. Blvd K.C.	
23c. DATE SIGNED 6/1/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/1/49	
24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 6-1-49		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE Hellody-MoGilley-Eylar, K.C., Mo.		ADDRESS 	

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

Dr. J. W. Young
1401 Southwest Blvd.
Jo. 0450

after 1 P.M. Friday

JUL 18 1949

JUN 20 1949

*Trainer Center Corp.
Office for No. 1
OK*

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Oliver S. Heck

Licensed Embalmer No. _____

4063

P. O. Address _____

K. C. Inc.

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.