

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30528**

Registrar's No. **3722**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 1 1/2 Yrs.		d. STREET ADDRESS (If rural, give location) St. Regis Hotel	
d. FULL NAME OF HOSPITAL OR INSTITUTION K. C. Terminal Tracks & Denver			

3. NAME OF DECEASED (Type or Print) Robert Curtis Reid			4. DATE OF DEATH (Month) (Day) (Year) 8/28/49		
a. (First)		b. (Middle)		c. (Last)	

5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH April 2, 1929		9. AGE (In years last birthday) 20		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Dont know			11. BIRTHPLACE (State or foreign country) Milwaukee / Wisc.			12. CITIZEN OF WHAT COUNTRY? U.S.		
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13a. FATHER'S NAME Kurt Hoffschmidt			13b. MOTHER'S MAIDEN NAME Hedwic Henssler			14. NAME OF HUSBAND OR WIFE None		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W. 2			16. SOCIAL SECURITY NO. 302-26-5427			17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Reid, KC. Mo.			ADDRESS		
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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								INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Both legs cut off above knees. Rt arm off left 4 arm crushed								
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) E 802/5								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Heart + Insufficiency						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Railroad track		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Grand city Jackson road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Grand city Jackson Mo	
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21d. TIME OF INJURY 8 28 49 4:10 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? off centrally in car program	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh A. Owens		(Degree or title)		23b. ADDRESS 1034 Pratto Blvd		23c. DATE SIGNED 8-29-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 8/30/49		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
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DATE REC'D BY LOCAL REG. 8-29-49		REGISTRAR'S SIGNATURE Theldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE H. Tigerman & Sons, K. C. Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Francis Walters

Licensed Embalmer No. 2744

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.