

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30529**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3984**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>11 years</b>		d. STREET ADDRESS (If rural, give location) <b>4100 Prospect</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Research Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Henry J. Reinhardt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 15, 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>April 28, 1874</b>		9. AGE (In years last birthday) <b>75</b>		10. IF UNDER 1 YEAR Months Days <b>75</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Peter Reinhardt</b>			13b. MOTHER'S MAIDEN NAME <b>Barbara Kraft</b>			14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>288-10-3552</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Dara Franke, 4100 Prospect</b>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pernicious Anemia</b>		DUE TO (b) <b>None</b>			
		ANTECEDENT CAUSES		DUE TO (c) <b>None</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>None</b>			

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY SUSTAINED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>None</b>	
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22. I hereby certify that I attended the deceased from **Aug 16, 1946** to **Sept 15, 1949**, that I last saw the deceased alive on **Sept 13, 1949**, and that death occurred at **6:58 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Glen C. Carbaugh</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2004 Bryant Bldg KCMO</b>		23c. DATE SIGNED <b>Sept 16 1949</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>9-17-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>9-16-49</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Freeman Mortuary, Kansas City, Missouri</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10:00  
to  
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**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.