

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12767  
1506

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		b. COUNTY <b>JACKSON</b>	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>		d. STREET ADDRESS (If rural, give location) <b>1312 Garfield Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JACOB</b>	b. (Middle) _____	c. (Last) <b>REED</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 5 1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 9 1879</b>	9. AGE (In years last birthday) (If under 1 year, give Months) (If under 12 months, give Days) (If under 12 hours, give Hours) (Min.) <b>71</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>MORRELTON, ARKANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>ISAAC REED</b>	13b. MOTHER'S MAIDEN NAME <b>LUCINDA</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGIA REED</b>
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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) <b>UNK.</b>	16. SOCIAL SECURITY NO. <b>UNK.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. DINAH LEWIS</b>	ADDRESS <b>2428 Vine Street</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY TUBERCULOSIS (Far Advanced)</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>002-X</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>INANITION ANEMIA (MILD)</b>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 3-25, 1951, to 4-5, 1951, that I last saw the deceased alive on 4-5, 1951, and that death occurred at 0820A m., from the causes and on the date stated above.

23a. SIGNATURE <b>G. Frank Ellis</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>600 East 22nd Street</b>	23c. DATE SIGNED <b>4-6-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/7/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>	24d. LOCATION (City, town, or county) (State) <b>M.C. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-6-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Brigham Jones</b>	ADDRESS <b>2300 E. 18th</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Laurence D. Jones*

Licensed Embalmer No. *4429*

P. O. Address *2300 E. 18th K.C.*

Signed.....  
Student Embalmer

**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.**