

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31828**
3877
Registrar's No.

FILED SEP 20 1952

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

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

| | | | | | | |
|---|---|---|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (In this place) <u>41 YEARS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN HOSPITAL</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u> d. STREET ADDRESS <u>2233 DENVER AVENUE</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>MABELLE</u> <u>EMILY B.</u> <u>REYNOLDS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST-30-1952</u> | | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>OCTOBER 26, 1880</u> | 9. AGE (In years last birthday) <u>62</u> <u>64</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MRS. Hours _____ Mins. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Beatrice NEBRASKA</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>William W. Bosworth, Sr.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Alfaretta Brown</u> | | 14. NAME OF HUSBAND OR WIFE <u>HAROLD H. REYNOLDS SR.</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HAROLD H. REYNOLDS SR.</u> <u>2233 DENVER AVE. KANSAS CITY MO.</u> | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis and</u> DUE TO (c) <u>essential hypertension</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u> <u>4 yrs +</u> <u>33 1/2</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" 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>Sept</u> , 19 <u>48</u> , to <u>Aug 30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 29</u> , 19 <u>52</u> , and that death occurred at <u>2:20 A.M.</u> , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE <u>Joseph E. Welker</u> (Degree or title) <u>MD</u> | | | 23b. ADDRESS <u>836 Prof Bldg Kansas City Mo</u> | | 23c. DATE SIGNED <u>8-31-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>SEPT-2-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
| DATE REC'D BY LOCAL REG. <u>9-2-52</u> | | REGISTRAR'S SIGNATURE <u>Suzaldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. H. Newcomer</u> <u>1331 BRUSH CREEK KANSAS CITY MO.</u> | | |

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 _____

Robert Ray

Licensed Embalmer No. 41812

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.