

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5113

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			c. LENGTH OF STAY (If in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4504 Bell St.</u>				d. STREET ADDRESS (If rural, give location) <u>4504 Bell St.</u>				
3. NAME OF DECEASED (Type or Print) <u>Katie</u>		a. (First) <u>Mae</u>		b. (Middle) <u>Reed</u>		c. (Last)		
4. DATE OF DEATH <u>Nov. 21 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		
8. DATE OF BIRTH <u>May 7 1876</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 48 HRS. Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>My Dressing</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morris Run Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Kelse</u>			13b. MOTHER'S MAIDEN NAME <u>Mary R. B. Land</u>			14. NAME OF HUSBAND OR WIFE <u>Howard Reed</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 <u>Mrs Katherine Boes</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>Uterine Carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Uterine Fibrosis</u>				
				DUE TO (c)				
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>6/30, 1952</u> , to <u>11/20, 1952</u> , that I last saw the deceased alive on <u>11/20, 1952</u> , and that death occurred at <u>2:10 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Nora Rosalie Ihrig</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>516-12th + Walnut St. Bldg.</u>		23c. DATE SIGNED <u>11/21/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 21, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Florial Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-22-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. L. Forster</u> ADDRESS <u>Kansas City Mo.</u>			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Dean Osena

Licensed Embalmer No. 4780

P. O. Address 7C 170

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.