

FILED AUG 19 1953

# STANDARD CERTIFICATE OF DEATH

28829

 State File No. \_\_\_\_\_  
 Registrar's No. **3909**

 BIRTH NO. **43691** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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 OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>life</b>		e. STREET ADDRESS (If rural, give location) <b>42 2736 Troost</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruth</b> b. (Middle) <b>Ellen</b> c. (Last) <b>Reynolds</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 23 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>7-23-1953</b>
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months	11. UNDER 1 HR. Min. <b>54</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>James Edward Reynolds</b>		13b. MOTHER'S MAIDEN NAME <b>Cora Margaret Jay</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Record Clerk-Gen'l Hosp. No. 1</b>		ADDRESS	
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anencephalia</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid 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>750h</b>	
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)		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 <b>July 23, 1953</b> , to <b>July 23, 1953</b> , that I last saw the deceased alive on <b>July 23, 1953</b> , and that death occurred at <b>3:55P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B.I. Burns</b> (Name or title)		23b. ADDRESS <b>24th &amp; Cherry</b>	
23c. DATE SIGNED <b>7-30-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8-7-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Linds Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City MO</b>	
DATE REC'D BY LOCAL REG. <b>8-6-53</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. A. Lohmeyer</b>		ADDRESS <b>15C MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
V. 10.48

*R. Mather*

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 *not embalmed*, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Wm A. Schupp*.....  
Licensed Embalmer No. *308*

P. O. Address *K.C.M.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.