

FILED AUG 3-1955

STANDARD CERTIFICATE OF DEATH

22344
3100
State File No.

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City	c. LENGTH OF STAY (in this place) 39 years	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (home) 1610 Washington		STREET ADDRESS (If rural, give location) 29 1610 Washington	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) HENRY	c. (Last) REISCHMAN	4. DATE OF DEATH (Month) (Day) (Year) July 20th, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug-21, 1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer K.C. Park Board	10b. KIND OF BUSINESS OR INDUSTRY Attended Plaza Tennis Cts.	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Reischman	13b. MOTHER'S MAIDEN NAME Caroline Pottketter	14. NAME OF HUSBAND OR WIFE Ruth Ann Reischman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO. 487-10-9913	17. INFORMANT'S SIGNATURE OR NAME Wife Mrs. Ruth Ann Reischman	ADDRESS 1610 Washington
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		2 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized 12 yrs DUE TO (c) Arteriosclerotic heart disease		332 X 2 yrs.

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) (Min.)	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 July 1, 1955, to July 20, 1955, that I last saw the deceased alive on July 19, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE John R. Whiteman MD (Degree or title)	23b. ADDRESS 6314 Brookside Plaza	23c. DATE SIGNED 7-20-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/23/55	24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	24d. LOCATION (City, town, or county) (State) Shawnee, Kansas
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DATE REC'D BY LOCAL REG. 7-21-55	REGISTRAR'S SIGNATURE Mewa Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS 1800 E. Linwood
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John R. Whiteman, M.D.

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 Ivan Miller....., Student Embalmer No. 50 working under my personal supervision..

Student Ivan E. Miller
Signature of Student Embalmer

Signed J. J. Ryan
Licensed Embalmer No. 279

P. O. Address pk

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.