

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5062**  
**603**

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. 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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>		e. STREET ADDRESS (If rural, give location) <b>1110 E. 17th Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nettie</b>	b. (Middle)	c. (Last) <b>Reese</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 5 1956</b>
5. SEX <b>3 female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>March 29, 1866</b>
9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Frankfort, Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>America</b>

13a. FATHER'S NAME <b>Andrew Lowery</b>	13b. MOTHER'S MAIDEN NAME <b>Rachail Tucker</b>	14. NAME OF HUSBAND OR WIFE <b>Jake Reese</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nina Johnson, 2314 Woodland Street</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		DUPLICATE (b) <b>Intertrochanteric fracture, left hip.</b>		<b>29030</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <b>Anemia</b>		
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 (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1 22 1956 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Deceased fell on floor.</b>

22. I hereby certify that I attended the deceased from **1-22-56**, 19\_\_\_\_, to **2-5-56**, 19\_\_\_\_, that I last saw the deceased alive on **2-5-56**, 19\_\_\_\_, and that death occurred at **10:20p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W.H. Bryan</b> (Degree of title) <b>M.D.</b>	23b. ADDRESS <b>600 E. 22nd St.</b>	23c. DATE SIGNED <b>2-6-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-9-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>18th &amp; Benton</b>
DATE REC'D BY LOCAL REG. <b>2-9-56</b>	REGISTRAR'S SIGNATURE <b>Neve Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>18th &amp; Benton</b>

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

*Wm. H. ...*

**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.....  
Signature of Student Embalmer

Signed... *Wm. H. ...*

Licensed Embalmer No... *456*

P. O. Address... *1875 1/2*

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.