

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006929

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1198

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 15 1963

1. PLACE OF DEATH  
a. COUNTY JACKSON  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 84 YEARS  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 816 EAST 33RD STREET Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY JACKSON  
c. CITY OR TOWN KANSAS CITY Inside Limits Yes  No   
d. STREET ADDRESS (if outside, give location) 816 EAST 33RD STREET Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last ANNIE F. REICH  
4. DATE OF DEATH Month Day Year FEBRUARY 21 1963

5. SEX FEMALE  
6. COLOR OR RACE WHITE  
7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 9/2/1872  
9. AGE (last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and state or country) LEE'S SUMMIT, MO.  
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HENRY FEHR  
13b. MOTHER'S MAIDEN NAME UNKNOWN  
14. NAME OF HUSBAND OR WIFE LOUIS C. REICH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO  
16. SOCIAL SECURITY NO.  
17. INFORMANT Mrs. DOROTHY REMM Address 4016 HYDE PARK KANSAS CITY MO.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) adenocarcinoma abd. wall - 8 mo  
DUE TO (b) Generalized Metastasis - 2 mo  
DUE TO (c) Cardiac Failure - 1 wk  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female, was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
20a. ACCIDENT  SUICIDE  HOMICIDE   
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-14-53 to 2-21-63 and last saw her alive on 2-14-63  
Death occurred at 10:00 ~ A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James W Downey M.D.  
22b. ADDRESS 425 E 63rd K.C. Mo  
22c. DATE SIGNED 2-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL  
23b. DATE FEB. 23, 1963  
23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY  
23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CA. KANSAS CITY MO.  
25. DATE RECD. BY LOCAL REG. 2-22-63  
26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Dr. James M. Beckwith  
425 South 3rd Street - 2nd  
12:30 - 5:00 PM  
- 9 0 9  
London, Maryland

**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 Harold D. Reich

Licensed Embalmer No. 4998  
P. O. Address R. E. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.