

FILED JUL 11 1968
CERTIFICATE OF DEATH

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 341

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

9. 1
10a. 65
10b. 1
11. 0
12. 1
13. 25.09
14. 3088
15. 1
16. 3088
17. 0
18. 0
19. CREDITS
20. 5-0

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. Edna L. Reed			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. July 2, 1968		
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) 5a. 65	UNDER 1 YEAR 5b. 65	UNDER 1 DAY 5c. 65	DATE OF BIRTH (MONTH, DAY, YEAR) 6. June 19, 1903	
CITY, TOWN, OR LOCATION OF DEATH 7a. Independence			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. Independence Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Henry N. Reed
SOCIAL SECURITY NUMBER 12. 268 18 5853 B			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Housewife		KIND OF BUSINESS OR INDUSTRY 13b. Domestic	
RESIDENCE—STATE 14a. Missouri		COUNTY 14b. Jackson	CITY, TOWN, OR LOCATION 14c. Kansas City		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	STREET AND NUMBER 14e. 402 S. Kensington
FATHER—NAME 15. William Fisher			MOTHER—MAIDEN NAME 16. Betty Pennington			
INFORMANT—NAME 17a. Henry N. Reed			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 402 S. Kensington, Kansas City, Mo.			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 18. CENTRAL NERVOUS SYSTEM DISORDER DUE TO, OR AS A CONSEQUENCE OF: (a) Paralysis legs - due to above (a) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (G), STATING THE UNDERLYING CAUSE LAST (b) Paralysis legs - due to above (a) (c) 			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 WEEK
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)			AUTOPSY (YES OR NO) 19a. YES		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO) 19b. UNKNOWN YES	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. 		DATE OF INJURY (MONTH, DAY, YEAR) 20b. 	HOUR 20c. 	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d. 		
INJURY AT WORK (SPECIFY YES OR NO) 20e. 		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f. 	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g. 			
CERTIFICATION—PHYSICIANS: 21a. ATTENDED THE DECEASED FROM June 28 1968 TO July 2 1968			AND LAST SAW HIM/HER ALIVE ON 21c. July 2 1968	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. Did not	DEATH OCCURRED AT THE PLACE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR) 6:00A	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. 			THE DECEDENT WAS PRONOUNCED DEAD 22b. July 2 1968		HOUR OF DEATH 6:00 A	
CERTIFIER—NAME (TYPE OR PRINT) 23a. Arnold Schoolman, M.D.			SIGNATURE 23b. Arnold Schoolman, MD		DEGREE OR TITLE MD	
MAILING ADDRESS—CERTIFIER 23c. 6700 Troost Avenue			CITY OR TOWN Kansas City		STATE Missouri	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial			CEMETERY OR CREMATORY—NAME 24b. German Church Cemetery		LOCATION California, Missouri	
DATE 24d. July 4 1968			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Carter-Walls Christian Chapel, Kansas City, Missouri			
FUNERAL DIRECTOR—SIGNATURE 25a. St. Lefroy M. Mooney			REGISTRAR—SIGNATURE 25b. Agnes J. Lewis		DATE RECEIVED BY LOCAL REGISTRAR 25c. July 3, 1968	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JUL 18 1968

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 N. LeRoy Mooney

Licensed Embalmer No. 4-726

P. O. Address E. C. Kus

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.