

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40946**  
Registrar's No. **5073**

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>149</b>  |  | PRIMARY REG. DIST. NO. <b>1002</b>  |  | Registrar's No. <b>5073</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>KANSAS CITY</b>   |  | c. LENGTH OF STAY (In this place)<br><b>45 YEARS</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>KANSAS CITY</b>  |  | d. STREET ADDRESS (If rural, give location)<br><b>929 WEST 32ND STREET</b>          |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>929 WEST 32ND STREET</b>  |  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>929 WEST 32ND STREET</b>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>EDMUND</b>   |  | a. (First) <b>J</b>  |  | b. (Middle) <b>REA</b>  |  | c. (Last)   |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>NOV-29-1950</b>   |  | 5. SEX <b>MALE</b>   |  | 6. COLOR OR RACE <b>WHITE</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>            |  |
| 8. DATE OF BIRTH<br><b>MAR-29-1879</b>   |  | 9. AGE (In years last birthday) <b>71</b>  |  | 10. IF UNDER 1 YEAR Months Days   |  | 11. IF UNDER 18 Hrs. Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>STOCKMAN</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>MARTIN-BLOOMQUIST LEE</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>CARROLLTON, MISSOURI</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                       |  |
| 13a. FATHER'S NAME<br><b>UNKNOWN</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>REA</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>LOUISE W. REA</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>         |  |
| 16. SOCIAL SECURITY NO. <b>-----</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>MRS. LOUISE W. REA</b>   |  | 18. ADDRESS<br><b>929 WEST 32ND ST. KANSAS CITY, MO.</b>  |  | 19. MEDICAL CERTIFICATION   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                              |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerotic Heart Disease</b><br>DUE TO (c) <b>Syph</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>H20</b> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>14 hrs</b>                                   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>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) (Min.)                              |  |
| 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>March</b> , 1949, to <b>Nov 29</b> , 1950, that I last saw the deceased alive on <b>Nov 29</b> , 1950, and that death occurred at <b>8:00 P.</b> m., from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE <b>J.D. Bennett</b>   |  | (Degree or title) <b>MD</b>  |  | 23b. ADDRESS <b>Argyle Bldg. Kansas City Mo</b>   |  | 23c. DATE SIGNED <b>11/30/50</b>  |  |
| 24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>  |  | 24b. DATE <b>DEC-1-1950</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>CARROLLTON</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>MISSOURI</b>                    |  |
| DATE REC'D BY LOCAL REG. <b>12-1-50</b>  |  | REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newman's Sons</b>  |  | ADDRESS <b>1331 BROUGH CREEK KANSAS CITY, MO.</b>                                   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*John E. Fraking*

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.