

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16485

State File No. \_\_\_\_\_

FILED MAY 22 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2047

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2446 Denver  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME George M Reardon

3. (b) If veteran, name war no

3. (c) Social Security No. 487-09-3560

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1948 hour 8 minute 15 P.M.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Catherine Reardon

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: February 25, 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 2, 1948, to May 12, 1948, that I last saw him alive on May 12, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

8. AGE: Years 56 Months 2 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace: Lebanon Missouri  
(City, town, or county) (State or foreign country)

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

10. Usual occupation Machinist

PHYSICIAN: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Of operations: \_\_\_\_\_

Of autopsy: See above

11. Industry or business Pratt-Whitney

12. Name John Reardon

13. Birthplace Lebanon, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Shull

15. Birthplace --- Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Reardon

(b) Address 2446 Denver Ave., K.C., Mo.

17. (a) Burial (b) Date thereof 5-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 5-13-48 (b) St. Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_

(d) Date of occurrence \_\_\_\_\_

(e) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Wm W Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp Date signed 5-13-48

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

MOTHER FATHER

47  
8  
0

1955

1000-10-1st  
1st  
1st  
1st

10 2 07

**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.

..... Registered Apprentice No. ....

Signed Allen C. Heck

..... Licensed Embalmer No. 4063

..... 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.**