

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space 1713

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Raw Primary Registration District No. 1002  
 City Kansas City (No. 647 W 59th) St. St. Ward Ward  
 2. FULL NAME Emmal Storer Rhodes  
 (a) Residence. No. 5828 Central St. 8 Ward 8  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David F. Rhodes  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1858  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 10 16 or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Maryland

10. NAME OF FATHER

Emmal Storer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Maryland

12. MAIDEN NAME OF MOTHER

Maria Gayer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Maryland

14.

INFORMANT David F. Rhodes  
 (Address) 5828 Central

15.

FILED 1-21-29 M. McRoue  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20 1929

17. I HEREBY CERTIFY That I attended deceased from Jan. 19 1928 to Jan. 20 1929  
 that I last saw him alive on Jan. 20 1929, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS

Coronary Thrombosis  
9 hrs 15 min.  
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Postm.

(Signed) J. J. Stephens M. D.

1/20 1929 (Address) 718 E. 18th Bldg.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Forest Hill

1/22/ 1928

20. UNDERTAKER

ADDRESS

Thuman Mortuary

1047  
47

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

