

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

Do not use this space.
3083256

1. PLACE OF DEATH

County Jackson

Registration District No. 7002

Township.....

Primary Registration District No.....

City Kansas City

(No. 3426) Harwood

File No.....

Registered No.....

St. Ward)

2. FULL NAME

Charles J Rankin

(a) Residence. No. 1716 W. 41st. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Mrs. Elizabeth Rankin

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug. 28, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65

0

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Realator

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Penn.

10. NAME OF FATHER

J. S. Rankin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER

Louise Griffin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Penn

14.

INFORMANT Mrs Elizabeth Rankin

(Address) 1716 W. 41st.

15.

FILED 9/12/29 M.M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-10 1929

17. I HEREBY CERTIFY, That Deputy Coroner attended deceased from.....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Distention
I hear 2 1/2
4 1/2

CONTRIBUTORY (SECONDARY)

Chrom (duration) yrs. mos. ds.
myocarditis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy

(Signed) Stanley M. Hall, M. D.

9/10 1929 (Address) Deputy Coroner

*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

Forest Hill

DATE OF BURIAL

Sept. 13th 29

20. UNDERTAKER

H. W. Gates

ADDRESS

K.C.K.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

263

29

