WHITE 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.

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

Do not use this space.

33193

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4426
Township Kaw — Primary Registration District No. 1002 — Registered No. 4426
City Kansas City, Mo (No. St. Lukes Hospital St. Ward)

2. FULL NAME Mrs. Stella M. Rodabaugh
(a) Residence. No. 5203 Euclidd Ave St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF J.F. Rodabaugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	43	4	27	

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) DeSota, Kansas

PARENTS
10. NAME OF FATHER Henry F. Culp
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Nettie VanVranken
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. J. F. Rodabaugh
(Address) 5203 Euclid Ave.

15. FILED 10/31, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1930, to Oct 30, 1930 that I last saw her alive on Oct 30, 1930 and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis
Pulmonary Embolus
& Myocarditis, Chronic
Do not know (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Embolus
(duration) 92 A yrs. mos. 5 ds.
43 C
114 A

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St Lukes Hospital
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. C. Rumsey, M. D.
10/31, 1930 (Address) 311 Argyle 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 Cemetery	11/1/30 19

20. UNDERTAKER	ADDRESS
Freeman Mortuary, 104 W 42nd	

[illegible]

311 [illegible]

12 - 4 :