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.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 36578
Township Kaw — Primary Registration District No. 1002 — Registered No. 4498
City Kansas City (No. Research Hospital St. Ward)

JAN 8 1934

2. FULL NAME Henry A. Rinehart
(a) Residence, No. Neosho, Mo. 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: Lola Rinehart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 10, 1893
7. AGE: 40 YEARS — MONTHS: 9 — DAYS: 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrical Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 46
10. Date deceased last worked at this occupation (month and year): 123
11. Total time (years) spent in this occupation: 120

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Ark.

FATHER
13. NAME: William A. Rinehart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Ark.

MOTHER
15. MAIDEN NAME: Catherine Douthit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rumerville Ark.

17. INFORMANT (ADDRESS): S. B. Rinehart, 608 So Cedar
18. BURIAL, CREMATION, OR REMOVAL PLACE: Gentry Ark DATE: Nov 16 — 33
19. UNDERTAKER (ADDRESS): Wagner Funeral Home, 204 W. Linwood
20. FILED: Nov 16 1933 M. M. Crowe Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 14 33

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1933, to 11-14, 1933
I last saw him alive on 11-14, 1933. Death is said to have occurred on the date stated above, at 4:40P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	10-31-33
Carcinoma rectum (2 yrs duration)	
Other contributory causes of importance:	
Colostomy	10-31-33
rectal resection	11-14-33

Name of operation: Colostomy. Rectal resection. Date of 11-14-33
What test confirmed diagnosis? Operative. Was there an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) C J Hunt, M. D.
(Address) Prof Bldg. K. C. Mo.

Dr [illegible]
Professional Vi C343

1 30 To 4 30 [illegible]

JUN 27 1955