

DEC 11 1939

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

38723

Do not use this space.

4488

1. PLACE OF DEATH

(a) County..... Jackson, Registration District No. 399
 (b) Township..... Kaw, Primary Registration District No. 1002
 (c) or Kansas City, Mo. (d) Street No. St. Luke's Hospital, St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Rhoda Black, 420
 (a) Residence, No. Garnett, Kansas. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Phil F. Black,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 61 8 23

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas /13. NAME Henry M. Ellis /14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio /15. MAIDEN NAME Cynthia Clark16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas17. INFORMANT Mrs. Fred Trigg,
(ADDRESS) 3122 Chestnut, Kansas City, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Garnett, Kansas. DATE 11/25 193919. FUNERAL DIRECTOR (NAME) Stine & McClure,
(ADDRESS) 3235 Gillham Plaza, K. C., Mo.20. FILED Nov 26 - 39 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 25, 1939.22. I HEREBY CERTIFY, That I attended deceased from 1928, to Nov 25, 1939I last saw h. or alive on November 25, 1939. Death is said to have occurred on the date stated above, at 11:00 A. M.

The principal cause of death and related causes of importance were as follows:

Malignant cyst-adenoma of ovary 1937
Distention of sigmoid colon 1939
Rupture of colon into cyst 1939
 49.

Other contributory causes of importance:

Name of operation A. Sphincteromy Date of 1937
What test confirmed diagnosis? Yes Was there an autopsy? Yes23. 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) P. T. Bohan M. D.(Address) 315 W. 11th St. Kansas City, Mo.

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
....., Registered Apprentice No.
working under my personal supervision.

Signed

J. Allen

Licensed Embalmer No. 1415-

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, above space should be left blank.