

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17611

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2138

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. Gen Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution two days
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Rae Rodley 340

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex fr 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
aprox 70 X X hr. _____ min.

9. Birthplace unknown 9
(City, town, or county) (State or foreign country)

10. Usual occupation housewife 9

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 9

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Selma Tremain

(b) Address 15 E. 7th

17. (a) Burial (b) Date thereof 5-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director H. Tigerman

(b) Address A.C. Inc.

19. (a) May 24, 1940 (b) M.M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limit, write "RURAL")

(d) Street No. 1006 Holmes St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1940 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 21st 1940 to May 22nd, 1940 1940;
that I last saw her alive on May 22nd, 1940 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic coronary occlusion; myocardial degeneration; cerebral edema and arteriosclerosis; chronic vascular nephritis

Due to _____

Due to 131

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R.E. De Marco, M.D. (M. D. or other)
Supt. K.C. Gen. Hospital, K.C. Mo.
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Francis Walton

Signed

J. H. Tegerman

Licensed Embalmer No. *2744*

P. O. Address *K.C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.