. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

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

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1261

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 221

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Genreal Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3"40 TO 4"45 (Specify whether years, months or days) In this community Since Oct 18, 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Jackson 48

(c) City or town Kansas City 0
(If outside city or town limits write "RURAL")

(d) Street No. 716 McGee St. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Lester A. Rhodes

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased June (Month) 8 (Day) 1908 (Year)

8. AGE: 33 Years 6 Months 6 Days If less than one day ____ hr. ____ min.

9. Birthplace Chanuto Kansas (City, town, or county) / (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Z. E. Rhodes
13. Birthplace Kansas (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Besse Gough
15. Birthplace Kansas (City, town, or county) / (State or foreign country)

16. (a) Informant Ralph E. Rhodes
(b) Address 71 1/2 S. Santa Fe. Chanuto Kan.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 17 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Chanuto Kan.

18. (a) Signature of funeral director Lyon Funeral Home
(b) Address Chanuto Kansas

19. (a) Jan. 15, 1941 (Date received local registrar) (b) M. R. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1941 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Subdural cerebral hemorrhage
Due to
Fracture of the skull
Due to
Injury by fall 1 hr.
Other conditions
(Include pregnancy within 3 months of death)
34

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 1-14-41
(c) Where did injury occur? K.C. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify kind of place)
While at work? (e) Means of injury?

23. Signature Gregor M. Dubbin (M. D. or other)
Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

#5

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. 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.