

No. 2  
-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40891

WED JAN 24 1941  
Registration District No. 399

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 4568

1. PLACE OF DEATH:  
(a) County. Jackson  
(b) City or town. Kansas City  
(c) Name of hospital or institution. K.C. General Hospital No. 1  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution. 3 mos. & 1 days  
(Specify whether in this community. 31 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County. Jackson  
(c) City or town. Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Lorraine Apts. 1014 Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME. Cora Rineholt  
(b) If veteran, name war. No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH. Month. Dec. day. 8th  
year. 1941 hour. 12 minute. 50 P. M.

4. Sex. Female 5. Color or race. White  
6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Mr. Albert F. Rineholt  
6. (c) Age of husband or wife if alive. 65 years

21. I hereby certify that I attended the deceased from 10-7-41 to 12-8-41, 19\_\_\_\_; that I last saw him or her alive on 12-8-41, 19\_\_\_\_; and that death occurred on the date and hour stated above.

7. Birth date of deceased. June 16 1871  
(Month) (Day) (Year)

Immediate cause of death  
Interochanteric fracture of the right femur, accidental fall in home

8. AGE: Years Months Days If less than one day  
70 5 22 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to Hypostatic pneumonia (broncho)  
Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace. Marysville Pennsylvania  
(City, town, or county) (State or foreign country)  
10. Usual occupation. Housewife  
11. Industry or business. \_\_\_\_\_  
12. Name. Harry Calder  
13. Birthplace. Marysville Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name. Mary Unknown  
15. Birthplace. Marysville Pennsylvania  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations. 1860  
Of autopsy. 18  
None

16. (a) Informant. Mr. Albert F. Rineholt  
(b) Address. Lorraine Apts. 1014 Broadway  
17. (a) Cremation (b) Date thereof. Dec. 10, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place of burial or cremation. D. W. Newcomer's Sons  
18. (a) Signature of funeral director. D. W. Newcomer's Sons  
(b) Address. 1401 Brush Creek Blvd.  
19. (a) Dec 9 1941 (b) M. H. Crowe  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Acc  
(b) Date of occurrence. 10-7-41 915-123  
(c) Where did injury occur? Home (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury. Fall  
23. Signature. Dr. R. Thom (M. D. or other)  
Address. Med. Dir. K.C. Gen. Hospital Date signed 0

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.....

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

Signed.....

*K. C. Newcomer*

Licensed Embalmer No. *4043*

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, fact should be so stated above.**