

REGISTRATION DISTRICT NO. 17 19197

Primary Registration District No. 5-5-6-9-423/ Registrar's No. 111

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Raytown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5701 Ash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: -----
(Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Raytown
(If outside city or town limits, write "RURAL")
(d) Street No. 5701 Ash
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -----

3. (a) PRINT FULL NAME Mrs. Ida Mae Rhodes Truax

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Charles T. Rhodes 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased: May 12 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 8 hr. min.

9. Birthplace: Rochester Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business: -----
12. Name John Truman Buck

13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Eott
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl Veinor

(b) Address 5701 Ash Raytown, MO.
17. (a) Burial (b) Date thereof: Feb. 23, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Mount Washington Cemetery

18. (a) Signature of funeral director D. W. Newsome's Son
(b) Address Kansas City, Missouri

19. (a) Feb 22 43 (b) Mrs. C. P. Javin
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month February Day 20th
year 1943 hour 1:20 minute P. M.

21. I hereby certify that I attended the deceased from Jan 26th, 1943 to Feb 20th, 1943, that I last saw her alive on Feb 20th, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis & Chronic Myocarditis. Several years

Due to Fell Jan 26th, 1943 fracturing head of R. Femur.

Due to -----
Other conditions Senility.
(Include pregnancy within 3 months of death)

Major findings:
Of operations -----
Of autopsy -----

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) acc ✓
(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?

23. Signature of physician Theodore Conanga (M. D. or other) D.O.
Address Raytown, MO. Date signed -----

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*Raytown News Off
Raytown News
Mr. Harwin
Mc-Clavin*

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..... *C. Hervey Quisenberry*
Licensed Embalmer No..... *4070*
P. O. Address..... *AC 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10490

Registration District No. 147

Primary Registration District No. 4237

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Ida Mae Rhodes Truax

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased May 12 1886
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 8 (If less than one day _____ min.)

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 26 Year 1943 hour _____ minute _____ M.

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

Named cause of death myocardial infarction - 2nd day Duration _____
Arteriosclerosis

Due to fell from 26 1943 - fracturing head of R. femur

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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 Feb-26-1943
(c) Where did injury occur? Raytown, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home
(Specify type of place) (e) Means of injury car accident

23. Signature Theodore Corcoran (M. D. or other) _____
Address Raytown, Mo. Date signed 4/29/43

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



