

FILED FEB 17 1944
Registration District No. **13**

Primary Registration District No. **5338**

Registrar's No. **15**

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

29
0
0

1. PLACE OF DEATH:

(a) County **Dade - Polk Twp.**

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

(c) Name of hospital or institution: **9 mi. N. E. of Greenfield**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **NO** (Specify whether)

In this community **Lifetime**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dade**

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

(d) Street No. **Everton R # 1**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Rhoda Ann Kiffe**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **8**
year **1944** hour **8 A.M.** minute **0** M.

21. I hereby certify that I attended the deceased from **1-1-44**
to **1-8-44** 19. **44**

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **29** years **1856** (Year)

7. Birth date of deceased **July 29**
(Month) (Day) (Year)

that I last saw her alive on **1-8-44** 19. **44**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
87	5	10	hr. min.

Immediate cause of death **Myocardial Infarction**

Due to

Due to

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

Other conditions **930**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation **Home**

11. Industry or business **Home**

MOTHER FATHER

12. Name **Wm. Downing**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Malinda Critington**

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. May Terrell**

(b) Address **Everton Rt. # 1**

17. (a) **Burial** (b) Date thereof **1-9-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Downing Cemetery**

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?

18. (a) Signature of funeral director **Ward Funeral Home**

(b) Address **Greenfield, Mo.**

While at work? (Specify type of place) (c) Means of injury **0**

19. (a) **Jan 10 1944** (b) **Phyllis Lack**
(Date received local registration) (Registrar's signature)

23. Signature **Phyllis Lack** (M. D. or other)
Address **Greenfield, Mo** Date signed **1-10-44**

RECEIVED

District Health Officer No. 63

District File Number 244-224

Date Filed FEB 15 1944

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 Sam E. Senevey

Licensed Embalmer No. 4099

P. O. Address Sheffield 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.