

FILED JUN 29 1944

State File No. _____

Registration District No. 199

Primary Registration District No. 1022

Registrar's No. 2505

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:
2725 Garfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 19 years, 6 months
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. 2725 Garfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1944 hour 2:28 minute _____ P. _____ M. _____
21. I hereby certify that I attended the deceased from 6 - _____
1st 1944 to 6-10- 1944
that I last saw her alive on 6-10- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Congestive Heart Failure Duration 3²⁰

Due to Hypertensive H.D. serial 3y

Due to Chronic Interstitial Nephritis 1y

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
131 a

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) _____
(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 J. J. Wells (M. D. or other)
Address 1605 E. 18th St. K.C. Date signed 6-13-44

3. (a) PRINT FULL NAME Marguerite Kazetta Rhodes

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

4. Sex Fe 3 5. Color or race Col 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 August 25, 1901
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation School Teacher
K. C. Public School

11. Industry or business _____

12. Name Vincent Rhodes

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

14. Maiden name Maude Harris

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

16. (a) Informant Rev. Carl Flipper

(b) Address 2626 Highland Avenue

17. (a) removal (b) Date thereof 6/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director Hathings Bros

(b) Address 1729 Lydia

19. (a) 6-13-44 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

J. S. Hells

OCT 22 1945

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 *J. J. Marlowe*
Licensed Embalmer No. *3994*
P. O. Address *2503 High*

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.