

FILED AUG 14 1944

Registration District No. 1799

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Jackson City, Mo.  
(c) Name of hospital or institution  
1208 E. 16th  
(d) Length of stay: In hospital or institution 1  
In this community 4 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Jackson, Mo.  
(d) Street No. 1208 E. 16th  
(e) Citizen of foreign country? No.  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

SANTIA ALBERTA PETERS

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1944 hour 40 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Dec 3 -  
to July 29, 1944  
that I last saw \_\_\_\_\_ alive on July 29, 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race Black  
6. (a) Single, widowed, married, divorced, divorced  
6. (b) Name of husband or wife Hank  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 11 - 1892  
(Month) (Day) (Year)

Immediate cause of death  
Cerebral apoplexy  
Hy pertensive by pt  
Heart disease  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none 93rd

8. -AGE: Years 41 Months 9 Days 18  
If less than one day hr. min.

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

10. Usual occupation Teacher

11. Industry or business Teaching

12. Name of father \_\_\_\_\_

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

14. Maiden name Santia

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

16. (a) Informant Verlee Thatcher

16. (b) Address 1208 E. 16th

17. (a) \_\_\_\_\_ (b) Date thereof Aug 1 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 7-30-44 (b) T. E. Brown (N3)

(Date received local registrar) (Registrar's signature)

Duration

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?

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other)

Address 1830 Vine Date signed 7/29/44

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.....

*George H. Green*

Licensed Embalmer No.....

4279

P. O. Address.....

*Washington, D.C.*

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.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo. }  
County of Jackson } ss.

State File No. ....  
Local Registrar's No. 3123

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24th day of August, 1944, before me appears Verlee Thatcher, who, upon her oath, states that the original record of <sup>birth</sup>~~death~~ for Juanita Alberta Rodus died July 29, 1944, in the State of Missouri, and which was filed at K. C. Juanita on 7-30, 1944 should be corrected as follows:

Item No. 3 should read Juanita Alberta Rodus  
Instead of Juanita Juanita Alberta Rodus

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

The above is true to the best of my knowledge, information and belief.  
(SEAL) Verlee Thatcher Sister  
Relationship.  
1208 E. 16 St  
Present Address.

Subscribed and sworn to before me this 24th day of August, 1944.

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

23861