

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 2 1949

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. **3836**

1. PLACE OF DEATH: Jackson
 (a) County Kansas city mo
 (b) City or town Kansas city mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2107 Montzelle 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community about 2 mo 1/2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County 999
 (c) City or town Topeka 14
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1921 Harrison 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bessie E. Rodd
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 22
 year 1949 hour 1 PM minute _____ M.
 21. I hereby certify that I attended the deceased from Sept 19
14 to Sept 22 19 49
 that I last saw h. or alive on Sept 22 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Apr 2 1890
 (Month) (Day) (Year)

Immediate cause of death: Cerebral Haemorrhage
 Due to 830'
 Due to Hypertension
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 54 Months 5 Days 28 If less than one day _____ hr. _____ min.

Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace: Topeka Kans
 (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name P. Haynes

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

14. Maiden name Estlyn White

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

16. (a) Informant Ruth Laney

(b) Address 2107 Montzelle

17. (a) Removal (b) Date thereof 9-23-49
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka Kans

18. (a) Signature of funeral director E. Steubing, Belle

(b) Address 1217 Vine St, Topeka

19. (a) 9-23-49 (b) T.C. Brohm (V3)
 (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) _____
 (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 To be seen (M.D. or other)? _____
 Address 1217 Vine St Date signed 9/23/49

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.....
E. Sterling Bell

Licensed Embalmer No.....
3178

P. O. Address.....
H. C. 7710

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.