

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

4784

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. _____

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

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:
31st and Holmes Street in Police Ca
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 (Specify whether
In this community since 1886 years, months or days)

3. (a) PRINT FULL NAME Alex S. Rankin

3. (b) If veteran, name was no.

3. (c) Social Security No. no.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Kathryn P. Rankin

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased: May 20 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 5 If less than one day
hr. _____ min.

9. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business X

12. Name John D. Rankin,

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

14. Maiden name Agnes Steward,

15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary S. Rankin,

(b) Address 3622 Park, Kansas City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-44
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-27-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 42

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3622 Park 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X 1)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th
year 1944 hour 11:27 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11/25/1940 1940 to 11/25/1944 1944
that I last saw him alive on 11/25/44 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Occlusion

Due to General Arterio-sclerosis 248+

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

Major findings: 942 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) _____

(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 10

23. Signature Frederick A. Pedersen M.D. (M.D. or other)
Address 317 Argyle Bldg Date signed 11/27/44

N.C. No

Dr. Frederick Baldwin

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. M. Plank

Licensed Embalmer No. 1848

P. O. Address N. C. 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.