

FILED JAN 31 1948 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

146

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:
2629 Myrtle, Kansas City, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Dont Know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2629 Myrtle 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Homer LeRoy RHOADES

3. (b) If veteran, name war World War # 2 3. (c) Social Security No. 479-18-0923

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife Helen Rhoades 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 14th, 1907
(Month) (Day) (Year)

8. AGE: Years 38 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Boone Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver
Hooner Const. Co.

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Army Discharge Papers /
(b) Address K.C. Mo.
17. (a) Removal (b) Date thereof 1-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Boone Iowa

18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.
19. (a) 1-10-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th
year 1946 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from 9:40
CORONER 19... to 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Infarction.
Due to Coronary Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g/a
Of autopsy See above

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 MO
Signature A.E. Hester (M. D. or other)
Address 2800 Main Date 1/10/46

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

1212

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

Russell N. Frame

Licensed Embalmer No. *4255*

P. O. Address *K.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.