

S. No. 2
M-8-43
5-17-39
P-I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1723**
Registrar's No. **166**

FILED JAN 31 1946
Registration District No. **187**

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 **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
405 West 58th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 Years** (Specify whether 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. **405 West 58th Street**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MRS. ALICE H. RULE**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Charles D. Rule** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **March 20, 1864**
(Month) (Day) (Year)

8. AGE: Years **81** Months **9** Days **20** If less than one day hr. min.

9. Birthplace **Petersburg, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Jacob Hofing**

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

14. Maiden name **Dowell**

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

16. (a) Informant **Charles D. Rule**

(b) Address **405 W. 58th Street**

17. (a) **Removal** (b) Date thereof **1-11-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Petersburg, Illinois**
Freeman Mortuary

18. (a) Signature of funeral director _____

(b) Address **Kansas City, Missouri**

19. (a) **1-11-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **10**
year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Dec 20, 1945** to **Jan 10, 1946**
that I last saw her alive on **Jan 8, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **946**

Major findings: 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) **suicide**

(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 **J. W. Ailbry** (M. D. or other)

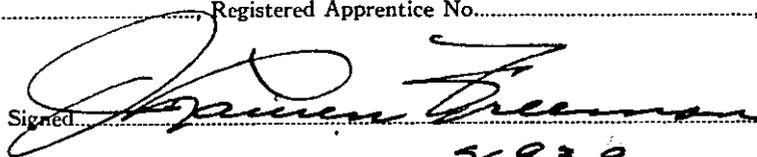
Address **Kansas City, Mo** Date signed **Jan 10, 1946**

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.....



Licensed Embalmer No. 2939

P. O. Address K. O. 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.