

No. 2  
-12-45  
5-17-39  
X47070

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

FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21147

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2428

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:  
Trinity Lutheran Hospital O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 5-25-47  
47 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ernest Robert Rankin

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

3. (c) Social Security No. no.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mrs. Nellie C. Hemlin Rankin

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

7. Birth date of deceased July 28 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 10 3 hr. min.

9. Birthplace Thorntown, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Insurance Underwriter

MOTHER FATHER

12. Name Alexander Rankin

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie C. Rankin 1

(b) Address 6038 Walnut St., Kansas City, Mo.

17. (a) burial (b) Date thereof 6-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

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

19. (a) 6-3-47 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 6038 Walnut Street, 8  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1947 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from Pathologist 19    ;  
that I last saw     alive on     19    ;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction Duration    

Due to Cardiac Hypertrophy + Dilatation

Due to Arteriosclerotic Heart Disease

Other conditions Prostatic Hypertrophy  
(Include pregnancy within 3 months of death)

Major findings: Chronic cystitis - hydromephorosis PHYSICIAN    

Of operations    

Of autopsy above, 93 D

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 Trinity Lutheran Hosp. Date sig 29 June 47

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**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.....

*J. Clair Shippard*

Licensed Embalmer No. *104179*

P. O. Address *B e m*

**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.**