

No. 300  
1-10-47  
5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED MAR 27 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8892  
State File No. \_\_\_\_\_  
Registrar's No. 1232

Registration District No. 199

Primary Registration District No. 1002

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:  
4410 OLIVE STREET 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 27 YEARS  
years, months or days

3. (a) PRINT FULL NAME MR RODNEY H RINARD  
3. (b) If veteran, name war No  
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. ELLA M. RINARD  
6. (c) Age of husband or wife if alive UNK years  
7. Birth date of deceased AUGUST-15-1922  
(Month) (Day) (Year)

8. AGE: Years 55 56 Months 7 Days 1 If less than one day hr. min.

9. Birthplace LA MONTE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation REAL ESTATE

11. Industry or business RINARD REALTY COMPANY

Name DAVID RINARD

Birthplace OTTAWA KANSAS  
(City, town, or county) (State or foreign country)

Maiden name ETTA RAYME

Birthplace LA MONTE MISSOURI  
(City, town, or county) (State or foreign country)

16. (c) Informant MRS. ELLA M. RINARD

(c) Address 4410 OLIVE STREET

17. BURIAL (b) Date thereof MAR-18-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director J. H. Welcomes, Inc.

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-18-48 (b) Geraldine Holme  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY 48  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4410 OLIVE STREET 38  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16 TH  
year 1948 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 5  
1947 to May 16 1948  
that I last saw him alive on Mar 15 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Broncho-pneumonia 3 days  
Hypostatic  
Due to Cerebral Hemorrhage 3 days  
Due to Cerebral Arteriosclerosis 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 8/3/48  
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) (c) Means of injury \_\_\_\_\_

23. Signature John M. Tavers (M. D. or other) M.D.  
Address 7364 Linwood Blvd Date signed 3/17/48

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

can be... MOTHER FATHER... H.C. 2/2/48

1-5-50  
2004  
1-5-50

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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 Bernard L. Horan  
Licensed Embalmer No. 4250  
P. O. Address NC 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.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Jackson } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1232

On this 21st day of April, 1948, before me appears Mrs. Ella M. Rinard, who, upon her oath, states that the original record of ~~birth~~ death for Mr. Rodney H. Rinard, died March 16, 1948, in the State of Missouri, and which was filed at Mo. State Bd. of Health on March 17, 1948, should be corrected as follows:

Item No. 7. should read August 15, 1892

Instead of August 15, 1891

Item No. 8. should read 55 Years, 7 Months, 1 Day

Instead of 56 Years, 7 Months, 1 Day

Item No. 3. should read Mr. Rodney H. Rinard

Instead of Mr. Rooney H. Rinard

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant. Ella M. Rinard Wife  
Relationship.

4410 Olive Street, K.C., Mo.  
Present Address.

Subscribed and sworn to before me this 21st day of April, 1948

My Commission expires Apr. 30, 1951 Barbara N. Renick Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-8892