No. 2
12-45
7-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11445

State File No.

Registration District No. 14 Primary Registration District No. 40-64-5065 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural- Oxark Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Liberal RFD 2 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RHODA ALICE VENABLE

3. (b) If veteran, name war xxx 3. (c) Social Security No. xxx

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bryson L. Venable 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 7 1858 (Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Adams County, Illinois / (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Hendricks
13. Birthplace Hancock County, Illinois / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Gilkey
15. Birthplace Illinois / (City, town, or county) (State or foreign country)

16. (a) Informant C. A. Venable
(b) Address Liberal, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 17 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Rosebank Cemetery, Mulberry, Kans.

18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar, Missouri

19. (a) Feb 17 48 (Date received local registrar) (b) Hortense Lehestein (Registrar's signature) 12

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
year 1948 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 11-10, 1948, to 2-14, 1948
that I last saw her alive on 2-14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death ~~[illegible]~~ Myocarditis

Due to

Due to

Other conditions Fracture of femur on 2-5-48
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 6
(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 0

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

23. Signature Allen W Sandridge (M. D. or other)
Address Mulberry Kans Date signed 2/16/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 448-448
Date Filed APR 20 1948

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 Frank H. Denton, Registered Apprentice No. 7, working under my personal supervision.

Signed Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.