No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 130083

FILED APR 21 1948

Registration District No. 1486 — Primary Registration District No. 3026 — Registrar's No. 100

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 15 minutes (Specify whether years, months or days)

In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Independence (If outside city or town limits, write "RURAL")

(d) Street No.: 108 W. Moore (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: MRS. MARY FRANCES RINEHART

3. (b) If veteran, name war: none

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: Frank S. Rinehart

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: April 14, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	11	12	hr. min.

9. Birthplace: Avondale, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business:

FATHER
12. Name: Henry M. Black
13. Birthplace: unknown, Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Julia Ann Vasser
15. Birthplace: Unknown, Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Frank S. Rinehart
(b) Address: 108 W. Moore, Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cem.

18. (a) Signature of funeral director: Geo. G. Clarson
(b) Address: Independence, Mo.

19. (a) 3-27-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 25 year: 1948 hour: 8:15 minute: P M.

21. I hereby certify that I attended the deceased from 3-23 1948, to 3-25 1948; that I last saw her alive on 3-25-48, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Natural Causes	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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: [illegible] (M. D. or other)

Address: Independence, Mo. Date signed: 3-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1953

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 R. D. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.