S. No. 300
OM—10-47
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 25 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29934

Registrar's No. 3743

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:
900 Ewing /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL") U

(d) Street No. 900 Ewing
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary James Rhoads

3. (b) If veteran, name war No

3. (c) Social Security No. 489-22-9772

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, 3 divorced Divorced

6. (b) Name of husband or wife Thomas M. Rhoads

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 11 (Month) 28 (Day) ~~1896~~ 1897 (Year)

8. AGE: Years 50 Months 9 Days ~~11~~ 12 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name James Henry Petterson
13. Birthplace _____ (City, town, or county) Missouri (State or foreign country) U

MOTHER
14. Maiden name Mary Isabelle Riley
15. Birthplace _____ (City, town, or county) Missouri (State or foreign country) U

16. (a) Informant Mrs. Mary Ellen Shoen
(b) Address 3001 East 7th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill-Sedalia, Mo.

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Mo.

19. (a) 9-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1948 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from Sept 7, 1948, to Sept 10, 1948;
that I last saw her alive on Sept 10, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory Paralysis	
Due to Cerebral Hemorrhage	
Due to Essential Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Maurice M. Geraghty (M.D. or other) D.O.
Address 6045 E 15th K.C. Mo. Date signed 9/11/48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address K.C. 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.