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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 20 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36821
Registrar's No. 4489

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: /
5205 E 7th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5205 E 7th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES RANKIN
3. (b) If veteran, name war - no
3. (c) Social Security No. 498-30-5034
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced mar /
6. (b) Name of husband or wife Lillie B.
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased May 19 1869 (Month) (Day) (Year)
8. AGE: Years 79 Months 5 Days 15 14 If less than one day hr. min.
9. Birthplace (City, town, or county) Ill / (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business Self
MOTHER FATHER
12. Name Josha Rankin
13. Birthplace (City, town, or county) Ill / (State or foreign country)
14. Maiden name Nancy Upton
15. Birthplace (City, town, or county) Ill / (State or foreign country)
16. (a) Informant Charles C. Rankin
(b) Address 300 So Brighton K.C.Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-3-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Rich Hill Mo
18. (a) Signature of funeral director C.H.Blackman & Son, Inc
(b) Address 2825 Independence Blvd.
19. (a) 11-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1948 hour minute 7 P M.
21. I hereby certify that I attended the deceased from Aug 18 1948 to Nov 3 1948 that I last saw him alive on Nov 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Oesophagus	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
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 Chas S Nelson (M. D. or other)
Address 3626 Independence Date signed

Chas.S. Nelson

(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 *DDCa Jr, Registered Apprentice No. 274, working under my personal supervision.

Signed O K McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City 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.