

FEB 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1401
126

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City mo 48	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital # 2 1)		d. STREET ADDRESS (If rural, give location) 630 Troost Ave	

3. NAME OF DECEASED (Type or Print) Booker Jalifera Rhoades			4. DATE OF DEATH (Month) (Day) (Year) Feb 3 1949		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Oct. 11-1900	9. AGE (In years last birthday) 48	if UNDER 1 Year Months 2	if UNDER 1 Day Days 25	if UNDER 1 hrs. Hours	if UNDER 1 hrs. Min.
----------------------	-------------------------------	---	--------------------------------------	---	---------------------------------	-------------------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Boltz Milling Co.	11. BIRTHPLACE (State or foreign country) Clinton, Mo. U	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME Edward Rhoades	13b. MOTHER'S MAIDEN NAME Anna Eckles	14. NAME OF HUSBAND OR WIFE Fannie Rhoades
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 2	16. SOCIAL SECURITY NO. 493-12-5697	17. INFORMANT'S SIGNATURE OR NAME Mary Ann Kirby	ADDRESS 622 Troost Ave
---	--	---	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound of Abdomen		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) E 981		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Deputy Coroner	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, office, etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 8 49 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Gunshot

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A. E. Upsher (Degree or title) MD	23b. ADDRESS 2800 Main	23c. DATE SIGNED 1/10/49
--	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan-14-149	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) 15th. Blue Ridge Blvd
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG 1-11-49	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Trut, Appleton & Jones	ADDRESS 1405 Vine st
--	--	--	-----------------------------

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

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 _____

Student Embalmer No. 15

working under my personal supervision.

Student

Maynard C. Williams
Student Embalmer

Signed

Jannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Lanses City 8, 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.