

DEC'D JUL 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21204

Do not use this space.

2472

1. PLACE OF DEATH

(a) County Jackson Registration District No. 377
(b) Township Kaw Primary Registration District No. 100
(c) City Kansas City (d) Street No. 3609 Brooklyn St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 36 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William W. Rhodes

(a) Residence, No. 3609 Brooklyn St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Nora E. Rhodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Letter Carrier
9. Industry or business in which work was done, as saw mill, bank, etc. Carrier
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME George W. Rhodes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Anna T. Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

17. INFORMANT Mrs. Nora E. Rhodes
(ADDRESS) 3609 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 6-19-39, 19

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary
(ADDRESS) Kansas City, Missouri

20. FILED June 18 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/14/39 19, to 6/16/39 19
I last saw him alive on 6/16/39 19. Death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:

Paralytic stroke.
Cerebral thrombosis
hypertension, embolic in lung
Date of onset

Other contributory causes of importance:
hypertension, embolic in lung
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Chas. Whitman
(Address) Boys and Guild (K.C.)

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.....

.....
Licensed Embalmer No.

P. O. Address.....

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, above space should be left blank.

Embalmer's Signature
12-4