

FILED AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

25335

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 176

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Independence Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
722 N. Spring
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Albert Rodekahr
 3. (b) If veteran, name war none
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bessie Rodekahr
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Apr. 2, 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 3
 If less than one day _____ hr. _____ min.

9. Birthplace Morgan Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____
 12. Name H. D. F. Rodekahr & Co.
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Sara Shoder
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Rodekahr
 (b) Address 722 N. Spring

17. (a) Burial (b) Date thereof July 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Cato and Specks
 (b) Address Independence, Mo.

19. (a) July 6, 1940 (b) F. L. Cook
(Date received by registrar) (Registrar's Signature)

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. 722 N. Spring
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
 year 1940 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Mich, 1919, to July 5, 1940
 that I last saw him alive on July 4, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to acute nephritis 1 yr
 Due to Valvular Heart disease 2 yrs
with hypertension
 Other conditions atherosclerosis
(Include pregnancy within 3 months of death)
 PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy none
 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?
360
(Specify type of place)
 While at work? (e) Means of injury _____
 23. Signature J. B. Heckerion (M. D. or other) _____
 Address Independence Mo Date signed July 6, 1940

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

18-3-4

ES

922

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 Me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Roland R. Speaks

Licensed Embalmer No.

3604

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, above space should be left blank.

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Registration District No. 398

Primary Registration District No. 3019

Registrar's No. _____

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME

Geo. Albert Rodakohr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years 57

Months 3

Days 3

If less than one day _____ hr. _____ min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. MEDICAL CERTIFICATION

20. DATE OF DEATH _____ Month July day 5
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I saw him _____ alive on _____, 19____; and that death occurred on the _____ date and hour stated above.

Immediate cause of death Acute nephritis

Chr. Nephritis

Cellular Heart disease

with Hypertension

arteriosclerosis

(Other conditions _____)

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. C. Dickerson

Address Independence Mo.

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

SUPPLEMENTARY

