

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kan City
(c) Name of hospital or institution: 3236 E 7th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years
years, months or days

3. (a) PRINT FULL NAME Nell Rhodes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex fe / 5. Color or race w 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 21 1874
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business same

MOTHER FATHER { 12. Name George Rhodes
13. Birthplace Penn (City, town, or county) (State or foreign country)
14. Maiden name Mary Bramahan
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna Hammond
(b) Address 3236 E 7th

17. (a) _____ (b) Date thereof 3/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at Murray Penn

18. (a) Signature of funeral director Ray E Snow
(b) Address 2315 Oakwood

19. (a) 3/3/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kan City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3230 E 7th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1941 hour 8:00 minute _____ M.

21. I hereby certify that I attended the deceased from Sept 10th
_____ 1940, to March 2, 1941
that I last saw her alive on March 1st, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) hypertension

Major findings: Of operations _____

Of autopsy no

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? _____

Where at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. J. D. Ramey (M. D. or other) _____
Address 905 Benton Blvd Date signed 3-3-41

Duration 2 1/2 yrs
PHYSICIAN
Underlines the cause to which death should be charged statistically.

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

ch 5391

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 _____

Roy E Snow

Licensed Embalmer No. _____

2560

P. O. Address _____

2315 Lenwood

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.