S. No. 2
M—5-43
7. 5-17-39
D I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13332
Registrar's No. 1993

FILED MAY 13 1946

Registration District No. 1403 Primary Registration District No. 1002

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: 3731 BALES AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: –
In this community: 20 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3731 BALES AVENUE 8
(If rural, give location) 0
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country: SCOTLAND

3. (a) PRINT FULL NAME: CATHERINE RHODES
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: MR. MILTON RHODES
6. (c) Age of husband or wife if alive: – years
7. Birth date of deceased: SEPT. (Month) 11 – (Day) 1875 (Year)

8. AGE: Years 70 | Months 7 | Days 17 | If less than one day: hr. min.

9. Birthplace: LARIG (City, town, or county) SCOTLAND (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business:
MOTHER FATHER
12. Name: GEORGE BETHUNE
13. Birthplace: (City, town, or county) SCOTLAND (State or foreign country)
14. Maiden name: CATHERINE MACKAY
15. Birthplace: (City, town, or county) SCOTLAND (State or foreign country)
16. (a) Informant: George Rhodes
(b) Address: 3731 Bales
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAY-1-1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ FOREST HILL CEMETERY
18. (a) Signature of funeral director: D. W. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 4-30-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 28th year 1946 hour 7:15 minute A. M.
21. I hereby certify that I attended the deceased from April 27, 1946, to April 28, 1946; that I last saw her alive on April 28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocardial Failure	2 days
Due to: Metastatic Carcinoma of Lung	3 yrs
Due to: Schirrhous Carcinoma of Breast	7 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 50
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: Leo M. Muller (M. D. or other)
Address: 3548 Indiana Date signed April 29 1946

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Melvin Miller

Licensed Embalmer No. 4407

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.