No. 2
12-45
17-39
X47070

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. 40860

FILED JAN 7 1947

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5374

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:
GENERAL HOSPITAL NO. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 DAYS (Specify whether
In this community 2 YRS.
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. 1724 LYDIA 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NELLIE RODRIQUEZ

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex FEMALE 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED D

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased APRIL (Month) 1, (Day) 1907 (Year)

8. AGE: Years 39 Months 8 Days 16 If less than one day hr. min.

9. Birthplace CADDO COUNTY (City, town, or county) OKLAHOMA (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name AMOS LONGHAT
13. Birthplace (City, town, or county) OKLAHOMA (State or foreign country)

MOTHER
14. Maiden name ELIZABETH WILLIAMS
15. Birthplace (City, town, or county) OKLAHOMA (State or foreign country)

16. (a) Informant RACHEL KELLEY (FRIEND)

(b) Address 1623 CHERRY

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/23/46 (Month) (Day) (Year)

(c) Place: burial or cremation Anadarko, Oklahoma

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia Avenue

19. (a) 12-23-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 17, year 1946 hour 6: minute 05 P M.

21. I hereby certify that I attended the deceased from DECEMBER 6, 1946 to DECEMBER 17, 1946 that I last saw her alive on DECEMBER 17, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death CIRRHOSIS OF LIVER-WITH JAUNDICE (ETIOLOGY UNDETERMINED)

Due to

Due to

Other conditions LATENT SYPHILIS
(Include pregnancy within 3 months of death)

Major findings:
Of operations 30 g

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature E. Frank Ezeiz (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 12/18/46

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.