

FILED SEP 23 1947

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3853**

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

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:
4200 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.**
(Specify whether
In this community **16 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4200 Forest**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME

Mrs. Carrie M. Rhodes

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white**

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

6. (b) Name of husband or wife **James V. Rhodes** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **October 29 1879**
(Month) (Day) (Year)

8. AGE: Years **67** Months **10** Days **6** If less than one day hr. min.

9. Birthplace **Toronto, Canada**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **home**

12. Name **unknown**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **James V. Rhodes,**
(b) Address **4200 Forest, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **9-9-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
Green Lawn Cemetery

(c) Place: burial or cremation **Green Lawn Cemetery**

18. (a) Signature of funeral director **Stim & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **9-9-47** **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **5**
year **1947** hour **8:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **2nd Aug 1947** to **Sept 5 1947**
that I last saw him alive on **Sept 5 1947**
and that death occurred on the date and hour stated above
Immediate cause of death **Cancer**

Due to **Cancer throat**

Due to **no**

Other conditions **no**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **no operation**
Of autopsy **no 45%**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence **no**
(c) Where did injury occur? **no**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **no** (Specify type of place) (e) Means of injury **no**

23. Signature **Geraldine Holmes** (M. D. or other)
Address **4242 9th** Date signed **9-6-47**

Dr. K. P. Jones

124271001

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 *S. J. Allen*.....

Licensed Embalmer No. *18157*.....

P. O. Address *F. C. Jones*.....

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.