

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34640

FILED NOV 8 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4567

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since Birth
(Specify whether years, months or days) 2 days

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Rural Excelsior Springs
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D. #1
(If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE ALLEN RHODUS

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1947 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 29, 1947, to Oct 31, 1947;
that I last saw him alive on Oct 30, 1947;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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 Oct. 29 1947
(Month) (Day) (Year)

Immediate cause of death _____
Edema, Paralyzed from Hydronephrosis (enormous) in uterus of mother

Due to _____

Duration since Birth

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

8. AGE: Years _____ Months _____ Days 2
If less than one day _____ hr. _____ min.

Major findings: 158

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name George F. Rhodus

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

14. Maiden name Emely Best

15. Birthplace Lexington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Geo F. Rhodus

(b) Address Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 10-31-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, Mo.

18. (a) Signature of funeral director Claude Pichard

(b) Address Excelsior Springs, Mo.

19. (a) 10-31-47 (b) Heraldile Holmes
(Date received local registrar) (Registrar's signature)

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 George W. Henderson (M. D. or _____)

Address Clayton, Mo. Date signed 10/31/47

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

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

E. E. White

Licensed Embalmer No. *4168*

P. O. Address *Excelsior Springs, 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.