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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16642

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 97

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Emergency Jackson County (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural (Prairie) (If outside city or town limits, write "RURAL")

(d) Street No. 1 mi N. of Lees Summit (If rural, give location)

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

If yes, name country

48
0
0
0

3. (a) PRINT FULL NAME Blanche Rinkler

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F. 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 13 (Month) 1917 (Day) (Year)

8. AGE: Years 30 years Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business "

FATHER
12. Name Wm Guthrie
13. Birthplace (City, town, or county) Tex (State or foreign country)

MOTHER
14. Maiden name Gladys Kirkpatrick
15. Birthplace Fayette Ville (City, town, or county) Ark (State or foreign country)

16. (a) Informant Gladys Wiker

(b) Address Mt Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-48 (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director N B Langford

(b) Address Lees Summit Mo

19. (a) May 11, 1948 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7 year 1948 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from 2 May 1948, to 7 May 1948, that I last saw her alive on 7 May 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Pt tuberculous pneumonia — Duration 5 days

Due to: Chronic bilateral pulmonary tuberculosis — Yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1 3 B
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank C. Irelhamp MD (Sign or other)

Address Indep., Mo Date signed 5/8/48

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 1958

APR 1 1 1964

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 N. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lees Summit

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.