

Registration District No. 449

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:
217 E. Linwood 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX YEARS
 (Specify whether
 In this community 10 years
 years, months or days)

3: (a) PRINT FULL NAME JOHN A. RAWLES3. (b) If veteran,
name war No3. (c) Social Security No.
None4. Sex Ma 5. Color or race Wh
6. (a) Single, widowed, married,
2 divorced Widowed6. (b) Name of husband or wife
Nellie Rawles 6. (c) Age of husband or wife if
alive XX years7. Birth date of deceased November 23 1878
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
69 10 19 hr. min.9. Birthplace Carthage Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired Baker

11. Industry or business

12. Name James W. Rawles13. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Belle Swisher15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Frances K. Weaver(b) Address 217 E. Linwood17. (a) Burial (b) Date thereof 10-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Carthage, Mo.18. (a) Signature of funeral director J. W. Wagner(b) Address Kansas City, Mo.19. (a) 10-12-48 (b) Sheldene Holmes
(Date received local registrar) (Registrar's signature)

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. 217 E. Linwood Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th
year 1948 hour 8:00 minute A M.21. I hereby certify that I attended the deceased from Jan 1948
_____, 19____, to 10-12, 1948
that I last saw him alive on 10-11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Myocardial Failure 12 HoursDue to Chronic Myocarditis
Coronary Disease Branches of ArteriesDue to Chronic nephritis
arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 13/0

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) (7) Means of injury _____

23. Signature C. B. Tasker (M. D. or other) MDAddress 1103 Grand Date signed 10/12/48

FILED NOV 4 1948

FILED IN THE OFFICE OF THE
STATE COMMISSIONER OF HEALTH
AT KANSAS CITY, MO.
JAN 27 1934

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.....

Eugene L. Kennon....., Registered Apprentice No. 217.....

working under my personal supervision.

Signed Abner R. Hainschild.....

Licensed Embalmer No. 4159.....

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.