

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9548

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 46

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| 1. PLACE OF DEATH a. COUNTY <u>Polk</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humanville</u> | c. LENGTH OF STAY (In this place) <u>46 yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humanville</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-------------------------|------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Rhoda</u> | b. (Middle) <u>ANN</u> | c. (Last) <u>Sortors</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 6 - 1949</u> |
|-------------------------------------|-------------------------|------------------------|--------------------------|---|

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|----------------------|-------------------------------|---|--------------------------------------|---|---|---------------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>May 3 - 1869</u> | 9. AGE (In years last birthday) <u>79</u> | # UNDER 1 YEAR: Months _____ Days _____ | # UNDER 6 HRS: Hours _____ Min. _____ |
|----------------------|-------------------------------|---|--------------------------------------|---|---|---------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Cedar Co., Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Lucas Lee Kennon</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy L. Hess</u> | 14. NAME OF HUSBAND OR WIFE <u>Norman Sortors</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Roy B. Church, Ottawa, Kansas</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cyst of the ovary</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic Myocarditis</u> | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|---|--|---------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
|---|--|---------------------------|

22. I hereby certify that I attended the deceased from Dec 4, 1947, to Mar 6, 1949, that I last saw the deceased alive on Mar 1, 1949, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

| | | |
|---|-----------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Dr. E. D. Brown J. D.</u> | 23b. ADDRESS <u>Callins</u> | 23c. DATE SIGNED <u>3-9-49</u> |
|---|-----------------------------|--------------------------------|

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|---|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>March 7-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Humanville, Mo.</u> | 24d. LOCATION (City, town, or county) (State) <u>Humanville, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Mar 26 1949</u> | REGISTRAR'S SIGNATURE <u>Ralph Garden</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>per 258 Lowell Garden Callins Humanville Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
94

RECEIVED
District Health Office
District File Number 249
Date Filed 3-30

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.....

Wm W. Northrop

Student Embalmer No. 247

working under my personal supervision.

Signed Wm W. Northrop
Student Embalmer

Signed E. H. Primm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.