

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33806

State File No. ....

FILED OCT 20 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>4214</u>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (In this place township) <b>25 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>11 East 49th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANN</b>		b. (Middle) <b>B.</b>		c. (Last) <b>RODEWALD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 2 1951</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>6-24-1900</b>	
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secy. Great Lakes Pipe Line Co.</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Leonardville, Kansas /</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>							
13a. FATHER'S NAME <b>A. E. Rodewald</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Meeder</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>486-03-4559</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Frank Hogue, 21 East 49th Street</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Carcinomatosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of the Colon</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>153h</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Richard C. Schaffer M.D. (Pathologist)</b>				23b. ADDRESS <b>St Luke's Hospital Rm 10-2-51</b>		23c. DATE SIGNED	
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>10/4/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Clearfield Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Eudora, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>10-3-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., Mo.</b>			

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

*Wm. K. Kahan + Berry*

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Willis H. Bennett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4438*

P. O. Address *H. C. 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.