

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31820

State File No. \_\_\_\_\_

4181

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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 township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>33 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>3408 EAST 11TH.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3408 EAST 11TH.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>RUTH</b> b. (Middle) <b>A.</b> c. (Last) <b>RAIL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 24 1952</b>		
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5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>16 OCT. 1900</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR <b>51</b>		IF UNDER 12 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>PENNSYLVANIA</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>UNKNOWN</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>CLARENCE W. RAIL</b>		
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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) <b>NO.</b>			16. SOCIAL SECURITY NO. <b>X X X X X</b>			17. INFORMANT'S SIGNATURE OR NAME <b>C.W. RAIL</b>			ADDRESS <b>3408 E. 11TH. K.C. MO.</b>		
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Omentum</b> ANTECEDENT CAUSES <b>metastatic metastasizing papillary</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Primary Pancreas</b> DUE TO (c) <b>As Cites</b>							INTERVAL BETWEEN ONSET AND DEATH <b>about 5 months</b> <b>2 months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5-17-52 operation removing Entire Omentum Metastatic nodular pancreas had</b>							20. AUTOPSY? YES <input 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)			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 5-17, 1952, to Sept 24, 1952, that I last saw the deceased alive on Sept 14, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. J. Graham</b> (Degree or title) <b>D.O. &amp; D.O.</b>		23b. ADDRESS <b>418 Bryant Bldg</b>		23c. DATE SIGNED <b>Sept 24 52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>26 SEPT. 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO.</b>	
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DATE REC'D BY LOCAL REG. <b>9-24-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>FLORAL HILLS MEMORIAL CHAPELS K.C. MO.</b>		ADDRESS	
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WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Lloyd C. McCord*

Licensed Embalmer No. 4853

P. O. Address K. 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.