

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6558

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 378
(b) Township SPRINGFIELD Primary Registration District No. 2001
(c) City SPRINGFIELD (d) Street No. Springfield Baptist Hospital Registered No. 156A
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 320 JESS C RHODES Green Forest, Ark. St. Green Forest, Ark.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jess Rhodes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 22, 1899
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 38 5 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dartmouth13. NAME Jess Rhodes14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.15. MAIDEN NAME Sarah McKee16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.17. INFORMANT (ADDRESS) Mrs. Jesse Rhodes
Green Forest, Ark.18. BURIAL, CREMATION, OR REMOVAL PLACE Crematorium DATE 2-22-193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Nelson S. Home
Green Forest, Ark.20. FILED Feb 20, 1939 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 193922. I HEREBY CERTIFY, That I attended deceased from 2 P.M., 1939, to 2 P.M., 1939I last saw him alive on 2/20/1939 Death is said to have occurred on the date stated above, at 8:00 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Transverse ColonOther contributory causes of importance: 46Name of operation Exploratory Date of 2-5-39What test confirmed diagnosis? As there an autopsy?23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? As there an autopsy? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hollis Smith, M. D.(Address) Springfield, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.