

DEC'D MAR 16 1939

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

7467

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township Longwood Primary Registration District No. 3895 Registered No. 58
 (c) City Sedalia (d) Street No. 15 Miles north Highway 65. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

321 Paul Rhodes
 (a) Residence, No. 814 East 4th. St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Florence Rhodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 2 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. Grocery
 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) Mo.13. NAME Ira Rhodes14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown15. MAIDEN NAME Ethie Spencer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Mrs. Paul Rhodes
Sedalia, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Park DATE Feb. 18, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.20. FILED 2-18- 1939 Mrs. Harry Sneed
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from as Common Case only 1939
 I last saw as Common case only 1939. Death is said

to have occurred on the date stated above, at 10:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Fractured skull from
accidental death in automobile
accident
 Other contributory causes of importance: 210 m
25

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 2-16, 1939
 Where did injury occur? Pettis County
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place
automobile accident on off highway
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Ernest Hauffeler, M. D.
 (Address) Corner of Pettis County

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/6/39

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,

Geo. Seward

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Geo Seward

Licensed Embalmer No. *3868*

P. O. Address *Sudala 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, above space should be left blank.