

FILED APR 6 1940

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 67

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

**1. PLACE OF DEATH:**

(a) County: Boone  
(b) City or town: Columbia  
(c) Name of hospital or institution: 633 Washington Ave  
(d) Length of stay: In hospital or institution: 3 1/2 days  
In this community: 3 1/2 years, months or days

**3. (a) PRINT FULL NAME: TOMMY GENE RHODES**

**3. (b) If veteran, name war: \_\_\_\_\_**

**3. (c) Social Security No. \_\_\_\_\_**

**4. Sex: Male** **5. Color or race: White** **6. (a) Single, widowed, married, divorced: Single**

**6. (b) Name of husband or wife: \_\_\_\_\_** **6. (c) Age of husband or wife if alive: \_\_\_\_\_ years**

**7. Birth date of deceased: March 24 1940**  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day:
	0	0	5	_____ hr. _____ min.

**9. Birthplace: Columbia MO**  
(City, town, or county) (State or foreign country)

**10. Usual occupation: Infant**

**11. Industry or business: \_\_\_\_\_**

**MOTHER FATHER**

**12. Name: Williams Rhodes**

**13. Birthplace: Boone Co MO**  
(City, town, or county) (State or foreign country)

**14. Maiden name: Mary Agnes Fisher**

**15. Birthplace: Boone Co MO**  
(City, town, or county) (State or foreign country)

**16. (a) Informant: William Rhodes**  
**(b) Address: Balls Bluff, Mo**

**17. (a) Burial (b) Date thereof: 3 30 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation: Maus Providence**

**18. (a) Signature of funeral director: Parker**  
**(b) Address: Columbia, Mo**

**19. (a) 3/30/40 (b) Allie Selby 74**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Boone  
(c) City or town: Columbia  
(d) Street No.: 633 Washington Ave  
(e) If foreign born, how long in U. S. A.?

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH: Month 3 day 29**  
year 1940 hour \_\_\_\_\_ minute 2 P. M.

**21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_**  
that I last saw him alive on 3-18 1940  
and that death occurred on the date and hour stated above.

**Immediate cause of death: Born 2 months 7 days premature, 30 with pty at birth**  
**Due to: Partially detached placental cord, source**  
**Due to: two weeks uterine haemorrhage before birth**  
Other conditions: birth  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature: F. B. Williams M. D.**  
Address: Columbia Mo Date signed: 3-30-40

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**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.**