

No. 2
1-10-39
17
2

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39583**

DEC 16 1940
Registration District No. **751**

Primary Registration District No. **5990**

Registrar's No. **1456**

1. PLACE OF DEATH:

(a) County **Ripley**
(b) City or town **Fairdealing**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Washington Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **21 years** (Specify whether years, months or days) **2**

3. (a) PRINT FULL NAME **Isaac Newton Rhine**

3. (b) If veteran, * name war. No. 3. (c) Social Security No. *

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Clara Rhine** 6. (c) Age of husband or wife if alive **84** years

7. Birth date of deceased **Sept. 15, 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **2** Days **13** If less than one day hr. min.

9. Birthplace **Unk.** **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Thomas Rhine**
18. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara Rhine**

(b) Address **Fairdealing, Mo.**

17. (a) **removal** (b) Date thereof **Nov. 29/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wright City, Mo.**

18. (a) Signature of funeral director **Minnie Gish**

(b) Address **Naylor, Mo.**

19. (a) **11-29-40** (b) **75**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Mo. **Ripley**
(a) State (b) County
(c) City or town **Fairdealing**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28**
year **1940** hour **1** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Nov. 15**
to **Nov. 28**, 19**40**
that I last saw him alive on **Nov. 27**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Lobar Pneumonia
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death) **105**

Major findings:
Of operations:
Of autopsy:

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

674
While at work? (Specify type of place) (e) Means of injury

23. Signature **Clifford J. Joffe** (M. D. or other)

Address **Doniphan Mo** Date signed **11-29-40**

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Bryan C. McCord*

Licensed Embalmer No. *4079*

P. O. Address *Naylor, 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.