

No. 2
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17-39
X23159

FILED FEB 14 1941

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 41

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

1. PLACE OF DEATH: Cole

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 622 Delaware St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Earnest P. Rhodes

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie Rhodes

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan 7, 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Wichita, Kan.
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet maker

11. Industry or business _____

MOTHER FATHER { 12. Name John Rhodes

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rhoades

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Rhodes

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof Feb 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New City Cemetary

18. (a) Signature of funeral director Breachtel

(b) Address Jefferson City, Mo.

19. (a) 2/7/41 (b) S. B. Spoford M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 622 Delaware St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from January 1940, 1940, to Feb 6 1941
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute relative of heart

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature Joseph W. Trautman (M. D. or other) _____
Address _____ Date signed _____

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.....

Victor Buescher

Licensed Embalmer No. 3701

P.O. Address Jefferson City, 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.