

FILED MAY 13 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3694

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mo. Baptist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Phelps**
(c) City or town..... **Rolla**
(If outside city or town limits, write "RURAL")
(d) Street No. **1803 Oak St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27th**
year **1941** hour **9** minute **25**
21. I hereby certify that I attended the deceased from **April 27**
1941 to **April 27** 1941
that I last saw her alive on **April 27** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Intestinal obstruction
Due to **Carcinoma of Transverse Colon**
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations **Carcinoma of middle third of transverse colon**
Of autopsy **none made**

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 **John H. Hoppe** (M. D. or other)
Address **Metropolitan Bldg** Date signed **4/29/41**

3. (a) PRINT FULL NAME **Irene Rhoades**
3. (b) If veteran, name war..... No.
3. (c) Social Security No. **497-03-5872**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **J. B. Rhoades**
6. (c) Age of husband or wife if alive **42** years
7. Birth date of deceased **Aug. 10 1907**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 **8** **17** ..hr.min.

9. Birthplace **Rolla Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoe Worker**

11. Industry or business.....

MOTHER FATHER { 12. Name **Samuel Pryor**
13. Birthplace **Rolla Missouri**
(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 **J. B. Rhoades**
(b) Address **Rolla, Mo.**

17. (a) **Removal** (b) Date thereof **4/29/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **20 1941 4700 Washington Ave.**

19. (a) **APR 29 1941** (b) **J. H. Bruden**
(Date received local registrar) (Registrar's signature)

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

1179

X26390

OCT 21 1929

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.....

J. W. Dinkley

Licensed Embalmer No.....

3653

P. O. Address.....

St. Louis, 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.