

FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15030**

Registration District No. **470**

Primary Registration District No. **5633**

Registrar's No. **64**

1500
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town not in town
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months
(Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Lamar 1
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME Sophia Rodey

3. (b) If veteran, name war x

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 30 1941
year April 30, 1941 9 minute 25 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife x

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

7. Birth date of deceased Sept 15 1917
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 30, 1940, to April 30, 1941.
that I last saw her alive on 7-30, 1941.
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

23 7 18 hr. min.

Immediate cause of death

Pulmonary Tuberculosis

Duration 2 years

9. Birthplace Hinton Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

12/12

11. Industry or business x

MOTHER FATHER

12. Name Philip Rodey

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

14. Maiden name Alice Ellister

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant E. M. Michael Reverend

(b) Address W. Vernon, Mo

17. (a) Removal (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Lamar Mo

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar Mo

19. (a) 4-1-1941 (b) P. A. Helms 4/1
(Date received local registrar) (Registrar's signature)

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 A. L. Coffman (M. D. or other) M.D.
Address W. Vernon, Mo Date signed 4/30/41

RECEIVED

District Health Officer No. 6,

District File No.

541-723

Date Filed

MAY 7 1941

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, fact should be so stated above.