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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

AUG 18 1941

State File No. 25937

District No. 726 Primary Registration District No. 5957 Registrar's No.

1. PLACE OF DEATH:
(a) County Ralls Township
(b) City or town ~~Clay Township~~ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Salt River Ralls County (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in hospital (Specify whether
In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal (If outside city or town limits, write "RURAL")
(d) Street No. 1706 Patchen Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? — 1 years.

64 3 7

3. (a) PRINT FULL NAME Essie Lenora Rhodes

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur John Rhodes 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased December (Month) 29 (Day) 1915 (Year)

8. AGE: Years	Months	Days	If less than one day
25	6	28	hr. min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At home

11. Industry or business —

FATHER
12. Name Owen O. Ames
13. Birthplace St. Clair County (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Cassie M. Gray
15. Birthplace New Salem (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Arthur J. Rhodes
(b) Address R. F. D. #2 New London Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Flint Hill Cemetery

18. (a) Signature of funeral director Ray P. Schwartz
(b) Address Hannibal Missouri

19. (a) July 31 (Date received local registrar) (b) Blanche McGown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1941 hour 10:10 minute P. M.

21. I hereby certify that I viewed dead body July 27, 1941, to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death accidental drowning. occuring in Salt river at a place known as Caldwell Ford four miles
Due to northeast of New London, Mo. Inquest by jury unnecessary.
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

183
3

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence July 27, 1941
(c) Where did injury occur? rural (City or town) Ralls (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? local bathing place in Salt river (Specify type of place)
While at work? no (e) Means of injury drowning

23. Signature N. E. Caldwell Coroner (M. D. or other)
Address New London, Missouri Date signed 7/29/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-41-1529
Date Filed AUG 15 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 Roy P. Schwartz, Registered Apprentice No. ..... working under my personal supervision.

Signed Roy P. Schwartz

Licensed Embalmer No. 1765-

P. O. Address Hannibal, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25937

Registration District No. 726 Primary Registration District No. 5857 Registrar's No.

1. PLACE OF DEATH

(a) County: Pallo
(b) City or town: Pallo Co
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sh. river
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 (Specify whether years, months or days)
In this community: ~~[illegible]~~

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Marion
(c) City or town: Hannibal (If outside city or town limits, write "RURAL")
(d) Street No.: 1706 Patchen St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Essie L. Rhodes
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Aug 1 1941 (Date received by local registrar) (b) Blanche Megown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 24 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY