S. P. Martin

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35550

Registration District No. 567 Primary Registration District No. 5267 Registrar's No. 52

. No. 2
—1-4-41
5-17-39
PI X26390

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

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Wolf Island Tp Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 wks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 13 miles S. East of E. Prairie, Mo
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DAVIE HOUSTON RHODES.

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 29, (Day) 1941 (Year)

8. AGE: Years | Months 2 | Days 21 | If less than one day hr. min.

9. Birthplace Mississippi Co. O Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Kyrus Edgar Rhodes.
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Willie Walker
15. Birthplace Mississippi Co. O Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Kyrus Edgar Rhodes.
(b) Address Wolf Island Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove - Charleston Mo

18. (a) Signature of funeral director Travis Shelly
(b) Address East Prairie Mo.

19. (a) 5-11-1941 (Date received local registrar) (b) Mrs D M Hodges (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1941 hour 11.30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1 41
; 19 , to Oct 18 1941
that I last saw him alive on Oct 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Dysentery Bacillary 18 days

Due to

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.

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 S P Martin (M. D. or other)
Address E Prairie Mo Date signed Nov 4 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1141-1563
Date filed 11/13/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ not embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Travis Shelby.

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.