

DEC 13 1941

Registration District No. **887**

Primary Registration District No. **4538**

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town Potosi **MAJANO**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington  
(c) City or town Potosi **110**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17  
year 1941 hour 10 minute 10 a.m.

21. I hereby certify that I attended the deceased from  
Nov 2 1941 to Nov 17 1941  
that I last saw him alive on Nov 17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bacterial Pneumonia  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **107**

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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME William Rhodes

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Erabena Rhodes 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct 20 1869  
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Delwood Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Labor

12. Name Samuel Rhodes

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

14. Maiden name Lusta Decker

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

16. (a) Informant Dora Rhado

(b) Address Potosi Mo

17. (a) Burial (b) Date thereof Mar 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi Mo

18. (a) Signature of funeral director [Signature]

(b) Address Potosi Mo

19. (a) 11-19-1941 (b) Joseph L. Plummer  
(Date received local registrar) (Registrar's signature)

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**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.**