

FILED JAN 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41586**

Registration District No. **183**

Primary Registration District No. **6264**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **Christian**
(b) City or town **rural. porter**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Christian**
(c) City or town **rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #1**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles David Rhea.

3. (b) If veteran,

name war **World war**

3. (c) Social Security

No. **none**

4. Sex **male**

0

5. Color or race **White**

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

6. (b) Name of husband or wife **Bessie Rhea**

6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **Dec. 28, 1891**
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

50

15

hr. min.

9. Birthplace

Ponce De Leon,

Mo. 11

(City, town, or county)

(State or foreign country)

10. Usual occupation

farming

11. Industry or business

12. Name **William Seaborn Rhea**

13. Birthplace **unknown**

14. Maiden name **Sarah Jane Simpson** (State or foreign country)

15. Birthplace **Ank. 1** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Bessie Rhea**

(b) Address **Nixa Mo. R#1**

17. (a) **burial** (b) Date thereof **Jan. 14, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Manley cemetery**

18. (a) Signature of funeral director **T.W. Maples**

(b) Address **Clev. Mo.**

19. (a) **Jan 16, 1942** (Date received local registrar)
Ida B. Hautkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **12**
year **1942** hour **7:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 11 - 42**
19 to **Jan 12 - 42** 19
that I last saw him alive on **Jan 11 - 42** 19
and that death occurred on the date and hour stated above.

Immediate cause of death

Tuberculosis - pulmonary with acute emphysema pleurisy

Duration

28 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations **13 L 1**

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)
(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 **Ida B. Hautkins MD** (M. D. or other)
Address **Clev. Mo.** Date signed **Jan 12 42**

1-9

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

200

FEB 14 1942

FEB 13 1942

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. Maples

Licensed Embalmer No. 2985

P. O. Address Chester 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.