

Registration District No. 70

Primary Registration District No. 3033

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Laclede  
 (b) City or town Lebanon  
 (If outside city or town limits, write "RURAL" and name of township)  
 (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..... (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME WILLIAM HENRY RHINES

3. (b) If veteran, name war..... 3. (c) Social Security No. 702-07-4770

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife May M. Queen Rhines 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased Unknown 1873  
 (Month) (Day) (Year)

8. AGE: Years 70 Months Days If less than one day  
 hr. min.

9. Birthplace Hartford, South Dakota  
 (City, town, or county) (State or foreign country)

10. Usual occupation Rail Road Worker

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Leo Ray Rhines

(b) Address Rt 2 Joplin Mo. Box 684

17. (a) Removal (b) Date thereof April 23 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo.

18. (a) Signature of funeral director Pharker - Hunsaker

(b) Address Joplin Mo.

19. (a) April 24 43 (b) Grace Roper  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
 (c) City or town Joplin (If outside city or town limits, write "RURAL")  
 (d) Street No. 2209 Penn. (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
 year 1943 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from Apr 23, 1943  
 ..... 19..... to Apr 23, 1943  
 that I last saw him alive on dead on Apr 23, 1943  
 and that death occurred on the date and hour stated above

Immediate cause of death Disease of heart  
 Duration 2 m o

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)

(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 D

23. Signature H. A. Hamilton (M. D. or other)

Address Lebanon, Mo. Date signed 4/23/43

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

Received **MAY** 1943  
Laclede County Health Uni  
File No. 7-43-62  
Date Filed MAY 11 1943

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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 *Dorsey M. Howe*  
Licensed Embalmer No. *4222*  
P. O. Address *Lebanon 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(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.....  
years, months or days)

3. (a) PRINT FULL NAME William H. Rhines

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..... w

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 about 70 Months Days If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

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)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) May 28 - 43 (b) Grace Roper (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper  
(c) City or town Joplin (If outside city or town limits, write "RURAL")  
(d) Street No. 2209 Penn. (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 23 Year 1943 Hour..... Minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....  
that I first saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

disease of heart  
acute mitral stenosis

Due to chronic arthritis 10 yrs

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations..... 92

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)  
(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 H. G. Hamilton (M. D. or other).....  
Address Lebanon, Mo. Date signed.....

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

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-14666

JUN 25 1948