

Registration District No. 157

Primary Registration District No. 4247

Registrar's No. 45

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Jasper  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Main Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community Two Years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Jasper  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Main Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT William Henry Rodebush  
 FULL NAME

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ina Belle Rodebush 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased July 8 1860  
 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 2 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business Retired Farmer

MOTHER FATHER { 12. Name Geo W. Rodebush  
 13. Birthplace Unknown Unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown Armstrong  
 15. Birthplace Unknown Unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Roy Rodebush  
 (b) Address Neosho Mo.

17. (a) Burial (b) Date thereof Feb 13-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sheldon Cem.

18. (a) Signature of funeral director Chas. J. Teeter  
 (b) Address Sheldon Mo. Jasper, Mo.

19. (a) Feb 12 '44 (b) Elizabeth Coplin  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 10  
 year 1944 hour 8 minute 30-P. M.

21. I hereby certify that I attended the deceased from seen in  
just after death 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw him alive on 2-6-44 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Bloc.

Due to Coronary Occlusion

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 95a  
 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?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature W.H. Knott, M.D. (M. D. or other)  
 Address Jasper, Mo. Date signed 2-12-44

