

FILED MAR 27 1944

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 702 Garfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 6 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 702 Garfield
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Alfred Rhodes

3. (b) If veteran, name war None

3. (c) Social Security No. unk.

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased May 13, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>10</u>	<u>1</u>	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name George Roberts Rhodes

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

14. Maiden name Mary Catherine Williams

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

16. (a) Informant Bessie Stice

(b) Address Junction City, Kansas

17. (a) Burial (b) Date thereof Mar 17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chetopa, Kans in Oak Hill Cemetery

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Mo.

19. (a) 3-16-44 (b) S. H. Hawley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1944 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 6 1943 to March 14 1944 that I last saw im alive on March 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to Arterio Sclerosis

Due to

Other conditions 938
(Include pregnancy within 3 months of death)

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? Hill Cemetery
(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) (e) Means of injury

While at work

23. Signature E. J. ... (M. D.)

Address Spfld, Mo. Date signed 3-13-44

Duration Months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

C. D. McCreach

Licensed Embalmer No.....

2891

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.

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