

FILED NOV 10 1944

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 267

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

1. PLACE OF DEATH:

(a) County Osair

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

(c) Name of hospital or institution:
Community Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr, 2 mo, 1 day
(Specify whether)

In this community 4
years, months or days

3. (a) PRINT FULL NAME Nora A. Rhodeter

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mr. J. J. Rhodeter

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

7. Birth date of deceased March 20 1868
(Month) (Day) (Year)

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

76 6 19 hr. min.

9. Birthplace 0 Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Athome

11. Industry or business _____

MOTHER FATHER

12. Name Everett Brace

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

14. Maiden name Mary Acuser

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

16. (a) Informant A. M. Rhodeter

(b) Address St Louis Mo

17. (a) Burial (b) Date thereof Oct 13th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly Mo

19. (a) 10-13-44 (b) Mr. J. J. Rhodeter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph ⁸⁸

(c) City or town Moberly ⁶
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
year 1944 hour 1 minute 05 P M.

21. I hereby certify that I attended the deceased from May 2
1944, to Oct 9, 1944.

that I last saw her alive on Oct 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Vasomotor collapse ^{10 hours}

Due to Thrombosis of left cerebral vein ^{3 days}

Due to Coronary heart failure

Other conditions Hypertension
(Include pregnancy within 6 months of death)

Duration

Physician

Underline the cause to which death should be charged statistically.

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 2

23. Signature M. T. Lutenahine (M. D. or other) D.O.

Address Triville, Mo Date signed 10-9-44

RECEIVED
District Health Officer No. 10
District File Number 11-44-1804
Date Filed NOV 7 1944

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 Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.