. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 18 1945

State File No. 31272

Registration District No. 298 Primary Registration District No. ~~[illegible]~~ 6004 Registrar's No. 149

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town New London Sandstone Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R.#2 Residence
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town ~~Rural~~ New London 0
(If outside city or town limits, write "RURAL")

(d) Street No. R R #2 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME William Thomas Rhodes

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed 7

6. (b) Name of husband or wife Lillian H. | 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June 20, 1862 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	2	11	..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name William Thomas Rhodes
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Tabitha Smallwood
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Wm.C.Rhodes
(b) Address R R #2 New London Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch

18. (a) Signature of funeral director Wm M. Smith
(b) Address 902 Broadway Hannibal Mo

19. (a) 9-6-45 (Date received local registrar) (b) R S Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1945 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from Aug 28-45, 19..., to Aug 31, 1945, that I last saw him alive on Aug 28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with, cystitis, and prostatitis

Due to Senility

Due to .....

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

Major findings:
Of operations .....

Of autopsy no

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature A B Blue (M. D. or other)

Address Hannibal Mo Date signed Sept 1-45

1171

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 1399

P. O. Address Hannibal Missouri

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.