S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1947

Registration District No. 96

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41255

Primary Registration District No. 5355

Registrar's No. 79

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Rural-Washington township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dallas 30
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Washington township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Alfred V. Rhoten

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah Frances Rhoten

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July - 11 - 1864 (Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 1 If less than one day x hr. x min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Sarah F. Rhoten
(b) Address Conway, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Graham Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address Marshfield, Missouri

19. (a) 12-20-47 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1947 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-16, 1947 to 10-11, 1947 that I last saw him alive on 8-16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac deficiency — Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Lindsay (M. D. or other) MD
Address Conway Date signed 12-4-47

(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 Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.