DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Rhodes

State File No. 20330

Primary Registration District No. 3052

Registrar's No. 180

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

1. PLACE OF DEATH:

(a) County: PETTIS

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

(c) Name of hospital or institution: 1015 So. BARRETT
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: PETTIS 80

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

(d) Street No.: 1015 So BARRETT 4
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: MARGARET RODEMAN

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: MAR.

6. (b) Name of husband or wife: J. M. RODEMAN

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

7. Birth date of deceased: FEB (Month) 24 (Day) 1913 (Year)

8. AGE: Years 35 | Months 3 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace: NEVADA (City, town, or county) MO (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business .....

FATHER
12. Name: J. C. LOVE
13. Birthplace: HANOVER (City, town, or county) ILL (State or foreign country)

MOTHER
14. Maiden name: WEBSTER
15. Birthplace: WARSAW (City, town, or county) ILL. (State or foreign country)

16. (a) Informant: MRS. J. C. LOVE
(b) Address: SEDALIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: MEM PARK

18. (a) Signature of funeral director: Geo Dillard
(b) Address: Sedalia

19. (a) 6-23-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 20 year 1948 hour 9 minute 50 AM.

21. I hereby certify that I attended the deceased from September, 1946 to June 20 1948 that I last saw her alive on June 20 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure; acute	3 hours
Due to Diabetic acidosis	8 hours
Due to Diabetes mellitus	15 years

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: none

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): None

(b) Date of occurrence: —

(c) Where did injury occur? None (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) O

While at work? — (e) Means of injury: —

23. Signature: E. W. Rhodes M.D. (M. D. or other) M.D.

Address: 312½ S. Ohio, Sedalia, Mo. Date signed: 6-21-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-8-48

APR 19 1950

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.