

Registration District No. 391

Primary Registration District No. 6153

Registrar's No. 12

1. PLACE OF DEATH:  
(a) County Stoddard  
(b) City or town Rural Pike  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(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

3. (a) PRINT FULL NAME ASA BOLD RHODES  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex Male 5. Color of race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Helen Zummer Rhodes  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased Aug. 26, 1899  
(Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Near Advance, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Bill Rhodes  
13. Birthplace Stoddard Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Eda Overby  
15. Birthplace Stoddard Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Gene Rhodes  
(b) Address Advance, Mo.  
17. (a) Burial (b) Date thereof Apr 24 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bessant Hill

18. (a) Signature of funeral director Floyd S. ...  
(b) Address Advance, Mo.  
19. (a) 6-20-48 (b) Bessant Hill  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Stoddard  
(c) City or town Rural 103  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Advance 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1948 hour 10 minute P. M.  
21. I hereby certify that I attended the deceased from April 20, 1948, to April 22, 1948;  
that I last saw him alive on April 22, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations [Signature]  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 2  
23. Signature E. C. Mastus (M. D. or other) no  
Address Advance, Mo. Date signed 4-29-48

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 248-847

Date Filed 7-12-46

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.....

William H. Morgan, Registered Apprentice No. 208  
working under my personal supervision.

Signed

Lloyd S. Morgan  
Licensed Embalmer No. 33610

P. O. Address Adverse, Va.

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

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