

STANDARD CERTIFICATE OF DEATH

FILED JUL 29 1948

Registration District No. 32

Primary Registration District No. 5709

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Ballinger
 (b) City or town Rural Crooked Creek
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital, or institution _____ (Specify whether
 In this community _____ (Specify whether
 years, months or days) Lifetime

3. (a) PRINT FULL NAME CHARLEY J. RHODES3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married,
divorced M.
6. (b) Name of husband or wife Estlie Rhodes 6. (c) Age of husband or wife if
alive 60 years
7. Birth date of deceased Oct. 31 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 8 19 hr. min.

9. Birthplace Ballinger Co. Mo. (1)
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Columbus Rhodes13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name Sarah Mc Mahan15. Birthplace Jenn. (1)
(City, town, or county) (State or foreign country)16. (a) Informant Lillian Sitzes(b) Address Seaside, Mo. 62017. (a) Burial (b) Date thereof July 28, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Plain View Cem.18. (a) Signature of funeral director Baker Free Home(b) Address Outsoree, Mo.19. (a) 7-24-48 (b) Miss Vanhumburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ballinger
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Lutesville Rt. #2
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 th
 year 1948 hour 7:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on Dead 9/18/48
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Duration _____

Due to _____

Due to _____

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

Major findings: 946
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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)
 (c) Means of injury _____

23. Signature John J. Morris (M. D. or other) _____Address Seaside, Mo. Date signed 7/19/48

RECEIVED

District Health Officer No. 4
District File Number 748-956
Date Filed: 7-27-48

AUG 1 1948

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville 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.