

FILED SEP 13 1948

Registration District No. **383**

Primary Registration District No. **3037**

1. PLACE OF DEATH

(a) County **Lawrence**
(b) City or town **MT Vernon, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Office of Dr. P.A. Holmes 3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Few Minutes**
(Specify whether years, months or days) **10 months**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Lawrence**
(c) City or town **MT Vernon** **55**
(If outside city or town limits, write "RURAL") **300**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Eldon Leroy Rhodes**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **June 18 1947**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	1	2	17	hr. min.

9. Birthplace **Nowata Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Roy Eldon Rhodes**

13. Birthplace **Bentonville Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Marguerite Stewart**

15. Birthplace **Alluwe Oklahoma**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Roy E Rhodes**

(b) Address **MT Vernon, Mo.**

17. (a) **Burial** (b) Date thereof **Sept 6 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nowata Oklahoma**

18. (a) Signature of funeral director **Max L. Forrest**

(b) Address **MT Vernon, Mo.**

19. (a) **Sept 9 1948** (b) **Cecil Henderson**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **4th**
year **1948** hour **8 AM** minute _____ M.

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

Immediate cause of death **Accidental poisoning** **30 minutes**
ate some asthma
tablets. contents unknown

Due to _____
Due to _____

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

Major findings: **P.A. Holmes**
Of operations _____

Of autopsy **1948**

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) **33**

(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 _____

23. Signature **P.A. Holmes** (M. D. or other)

Address **MT Vernon Mo** Date signed **9-4-48**

RECEIVED
District Health Officer No. 6,
District File Number 948-1037
Date Filed SEP 11 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.....
..... By me, Registered Apprentice No.....
working under my personal supervision.

Signed Max L. Jurett
Licensed Embalmer No. 4252
P. O. Address Waltham, Mass

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.