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-13
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K37823

FILED SEP 20 1948

State File No. _____

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 763

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene ³⁹

(c) City or town Rural - Springfield ⁶
(If outside city or town limits, write "RURAL")

(d) Street No. Springfield Rt. 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Anna Bell Rhodes

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

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

6. (b) Name of husband or wife Spence Rhodes 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. 11 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>7</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Springfield, Mo. ^D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business House wife

12. Name Dan B. Savage ⁷

13. Birthplace Unknown ⁷
(City, town, or county) (State or foreign country)

14. Maiden name L. Hopley

15. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Spence Rhodes

(b) Address Rt. 9 - Springfield, Mo.

17. (a) burial (b) Date thereof Sept 16 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director J. W. Klingner & Co

(b) Address Springfield, Mo

19. (a) 9-15-48 (b) W E Handley M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1948 hour 1 minute 15 a.m.

21. I hereby certify that I attended the deceased from 9-9-48
_____ 19____, to 9-13 1948
that I last saw her alive on 9-12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis ^{Duration 12 hrs}

Due to _____

Due to 9HA

Other conditions Arterial hypertension
Cardiac fibrillation
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 0

23. Signature [Signature] (M. D. or other) M.D.
Address Springfield, Mo. Date signed 9-13-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

OCT 8 1948

JUN 28 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 *Max Rhodes*.....

Licensed Embalmer No. *4071*.....

P. O. Address *Springfield*.....

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.