

0.300  
0.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9180

FILED MAR 16 1950

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5388 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>JACKSON Rural (Blue)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS 1</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1 MILE NORTH EXCELSIOR SPGS.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>526 S. OXFORD</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ANDREW</u> c. (Last) <u>RHODUS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 8 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG. 11, 1873</u>	9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>CLAY CO., MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>JAMES A. RHODUS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET KETRON FLEETA WILLIAMS</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thomas E. Wilson K.C. 3, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Ear</u>		DUE TO (b) _____			<u>2 yrs +</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			<u>1991</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhages from erosion into vessels near ear</u>					<u>2 wks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>of ear</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 5, 1950, to Mar 8, 1950, that I last saw the deceased alive on Mar 2, 1950, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>1210 Oak Ridge, Mo</u>		23c. DATE SIGNED <u>3-9-50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>unk.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL</u>	
24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS MO</u>					

DATE REC'D BY LOCAL REG. <u>Mar 9-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 354		25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Richard, Excelsior Springs, Mo.</u>	
--	--	--	--	--	--

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

3-13-50

MAR 13 RECD

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

Student Embalmer No.

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Louise K. Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, Mo.*

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.