

FILED JUN 21 1950 THE DIVISION OF HEALTH - MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 8606

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 112

048

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Lee's Summit		c. CITY (If outside corporate limits, write RURAL and give township) Lee's Summit	
c. LENGTH OF STAY (in this place) 56 yrs		d. STREET ADDRESS 210 So. Market Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 So. Market Street			

3. NAME OF DECEASED (Type or Print) a. (First) Buford b. (Middle) Ellsworth c. (Last) Rhoades			4. DATE OF DEATH (Month) (Day) (Year) 6/6/1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/14/1894	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Ordinance Plant	11. BIRTHPLACE (State or foreign country) Leno-Jack Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME O. J. RHOADES	13b. MOTHER'S MAIDEN NAME Dollie Rhoades Rowland	14. NAME OF HUSBAND OR WIFE Lucille Rhoades
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Lucille Rhoades Lee's Summit Mo.	ADDRESS Lee's Summit Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Olema-Carcinoma right Lung		INTERVAL BETWEEN ONSET AND DEATH 4 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 163X		

19a. DATE OF OPERATION 6-5-50	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. PLACE OF INJURY (Specify) Accident at Suicide Home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7:30 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-1, 1950, to 6-6, 1950, that I last saw the deceased alive on 6-5, 1950, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. D. Knight	(Degree or title) W. D.	23b. ADDRESS Lee's Summit Mo.	23c. DATE SIGNED 6-6-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/8/1950	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit	24d. LOCATION (City, town, or county) (State) Lee's Summit Mo.
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DATE READ BY LOCAL REG. 6/8/50	REGISTRAR'S SIGNATURE Donald E. Earnshaw	25. FUNERAL DIRECTOR'S SIGNATURE W. D. Knight	ADDRESS Lee's Summit Mo
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JUN 17 1950

JUL 17 1950

JUN 17 1950

JUN 30 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *W. Blangford*.....

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 20604

State of MISSOURI }
County of JACKSON } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 10th day of July, 1950, before me appears
Isabelle C. Rhoades, who, upon her oath, states that the original record of ~~birth~~ death
for Buford Ellsworth Rhoades died June 6, 1950 in the State of
Missouri, and which was filed at Lee's Summit, Mo., on June 8, 1950, should be corrected as follows:

Item No. 1-d should read 210 So. Market Street

Instead of 210 So. Market

Item No. 2-d should read 210 So. Market Street

Instead of 201 So. Market St.

Item No. 10-b should read Ordinance Plant

Instead of Ordinance Plant
Lone Jack

Item No. 11 should read Lone Jack, Missouri

Instead of Lone Jack, Missouri

Item No. 13-a should read Oliver James Rhoades

Instead of O. J. Rhoades

Item No. 13-b should read Dollie Rowland

Instead of Dollie Rhoades

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Isabelle C. Rhoades
Relationship. Daughter

210 South Market Street,
Lee's Summit, Missouri

Subscribed and sworn to before me this 10th day of July, 1950.

My Commission expires May 23, 1954

John Ryder Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

JUL 15 1950

JUL 15 1950