

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

14251

1. PLACE OF DEATH **U.S.V. Hosp.**  
County **Jackson**  
Township **Law**  
City **Kansas City, Mo.** (No. **Veterans Hosp**)

Registration District No. **323**  
Primary Registration District No. **1002**

File No. **1766**  
Registered No. **1766**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **RHODES, Daniel Mathew**  
(a) Residence. No. **Rich Hill, Missouri.** St. \_\_\_\_\_ Ward \_\_\_\_\_

**C-None WOE**  
**Pvt. Co C 161 Inf.**

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bessie Rhodes.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 18, 1895**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>35</b>	<b>5</b>	<b>27</b>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Farmer**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Huntsville**  
(STATE OR COUNTRY) **Arkansas**

10. NAME OF FATHER **Thomas M. Rhodes**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Huntsville**  
(STATE OR COUNTRY) **Arkansas**  
12. MAIDEN NAME OF MOTHER **Martha A. Hall**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Missouri**  
(STATE OR COUNTRY)

14. INFORMANT **Albert Rhodes (Brother)**  
(Address) **Rich Hill, Missouri.**

15. FILED **4/15/31** **M. M. L. ...** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 15 19 31**

17. I HEREBY CERTIFY, That I attended deceased from **April 9 31** to **April 15 31**, 19 **31** that I last saw him alive on **April 15 19 31**, and that death occurred, on the date stated above, at **1:50 A.M.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Pan-Sinusitis**

**1043**  
**Unknown** (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **1043** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? **Unknown**  
IF NOT AT PLACE OF DEATH.  
DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **4/11/31 4/12/31**

WAS THERE AN AUTOPSY? **No**  
WHAT TEST CONFIRMED DIAGNOSIS **Operation**  
(Signed) **W. E. Chambers**, M. D.  
**W. E. CHAMBERS, Med. Officer in Charge**  
**U.S.V. Hospital, Kansas City, Mo.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Rich Hill, Missouri** DATE OF BURIAL **4/15/31**

20. UNDERTAKER **Freemen Mortuary, K.C.Mo** ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

