MARGIN RESERVED FOR BINDING

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.

JUL 20 1933

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

Do not use this space.

19016

File No.

Registered No. 646

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No.

City St.Joseph, (No. 5512 So.3rd.St. St. Ward)

2. FULL NAME Emmett Charles Rhodes

(a) Residence, No. 5512 So.3rd,St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr,16,1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	52	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Field Mgr.& Local Agent.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homesteaders Life Assn.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan Co, ~~Mo.~~ Ks

FATHER

13. NAME John W.Rhodes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan Co, Kansas

MOTHER

15. MAIDEN NAME Mariah E.Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe, Mo.

17. INFORMANT (ADDRESS) Mrs.Pearl A.Rhodes 5512 So.3rd.St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Belmont Cemetery DATE June, 25 1933

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED 6-24-33 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June,23,1933, 19

22. I HEREBY CERTIFY That I attended deceased from Jan 28, 1933 to June 1, 1933

I last saw him alive on June 1933. Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver — Date of onset about a yr ago

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H W Vail, M. D.

(Address) Phys.& Surg.Bldg, St.Joseph,Mo.

Horace Cook