

2 DEPT APR 23 1938

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

19764
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. _____
 (b) Township Blue Primary Registration District No. _____ Registered No. 1220
 (c) City Leads (d) Street No. J.B. Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MR. AUGUST RHODES 320
 (a) Residence, No. 512 - N. Loundale St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leta Rhodes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 1870
 7. AGE YEARS 67 MONTHS 8 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER 13. NAME Fredrick Rhodes 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Wohl Hayman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) H. C. M. J. B. Hospital
Leads, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Mar. 18th 1938

19. FUNERAL DIRECTOR C. H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K. C. Mo.

20. FILED 3-18 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1938

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1938, to March 16, 1938.
 I last saw him alive on March 16, 1938. Death is said to have occurred on the date stated above, at 1:20 P. m.

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

Pulmonary Tuberculosis
Tuberculous Laryngitis
Date of onset 1938

23

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signature) W. W. Greenupshaw

(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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)