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.

REC'D MAY 23 1938

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

15327

Do not use this space.

1. PLACE OF DEATH
(a) County Monroe. Registration District No. 581
(b) Township Monroe Primary Registration District No. 4343 Registered No. 12
(c) City Monroe City (d) Street No. 325 Summer 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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Erwin Rhinehart 513
(a) Residence, No. 325 Summer 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 Mattie Belle Rhinehart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6th 1858
7. AGE YEARS 79 MONTHS 4 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired 4 yr.
10. Date deceased last worked at this occupation (month and year) Nov 1934
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co Indiana

FATHER
13. NAME Lewis Rhinehart.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Eliza Oldshoe.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.

17. INFORMANT (ADDRESS) Richard R. Rhinehart Monroe City Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina Mo DATE April 12th 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son Monroe City Mo.
20. FILED 4/11 1938 W. D. Pipkin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th 1938
22. HEREBY CERTIFY, That I attended deceased from Jan 13 1938, to Apr 10th 1938
I last saw him alive on Apr 2nd 1938. Death is said to have occurred on the date stated above, at 2:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal disease 95 B.P.	Jan 10 1938
Other contributory causes of importance: Chronic Arteriosclerosis Hypertension	Since 1936

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify ....
(Signed) W. D. Pipkin, M. D.
513 (Address) Monroe City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed. O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.