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.

DEC'D DEC 14 1938

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

39580
Do not use this space.

1. PLACE OF DEATH
(a) County Laclede — Registration District No. 448
(b) Township Union — Primary Registration District No. ~~5-6-08~~ — Registered No. 14
(c) City Conway — (d) Street No. ..... 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 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 350 Ether Eudora Rhoten
(a) Residence, No. Conway, Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Richard Rhoten
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 3, 1870
7. AGE: YEARS 68 — MONTHS 7 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 1935
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Laclede County 0

FATHER
13. NAME: Sylvanus Dustin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 1

MOTHER
15. MAIDEN NAME: Julia Ann Tindle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 1

17. INFORMANT (ADDRESS): Elvie Rhoten, Conway, Missouri
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Graham DATE Nov. 10 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Rex Rainey, Marshfield, Missouri
20. FILED 12. 13, 1938 Asa Montgomery, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 8, 1938
22. I HEREBY CERTIFY, That I attended deceased from 9-20-37, 19..., to 11-8-, 1938
I last saw her alive on 11-1-, 1938. Death is said to have occurred on the date stated above, at 6.30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Spleen	
50	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) O. C. Bruage, M. D.
(Address) Conway 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, X Rex Rainey, or by x x,

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

Signed Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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, above space should be left blank.