REC'D APR 13 1939

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

10865
Do not use this space.

1. PLACE OF DEATH
(a) County Greene 3 Registration District No. 318
(b) Township 1 Primary Registration District No. 2001 Registered No. 280
(c) City Springfield Mo (d) Street No. 950 N. Division 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 yrs. mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

39 3 6

2. PRINT FULL NAME Sarah Jane Rhodes
(a) Residence, No. Marionville, Mo. St. Marionville Mo
(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): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7- 1856

7. AGE: Years 82 ✓ | Months 7 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper.
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) Ga.

FATHER
13. NAME Peter Little ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown ?

MOTHER
15. MAIDEN NAME Rebecca Cob ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Janie Solomon
(ADDRESS) 950 N. Div. Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wise Hill DATE April 2 1939

19. FUNERAL DIRECTOR (ADDRESS) T. W. Maples Clever Mo.

20. FILED Mar 31 1939 Chas A. George Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31- 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw her alive on Mar 31, 1939. Death is said to have occurred on the date stated above, at 12:25 A m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance: 9 H W

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 .....
(Signed) Henry F. Kopp M. D.
(Address) 4 S. Fort E. Cour. Pl.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-10-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, J. H. Maples, Licensed Embalmer No. 2985

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J. H. Maples

Licensed Embalmer No. 2985

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.)

X