

REC'D APR 21 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11161
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Joplin Primary Registration District No. 2002 Registered No. _____
 (c) City _____ (d) Street No. 1202 Sergeant 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Jimmie D. Rhodes
 (a) Residence, No. 1202 Sergeant St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1889
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Joplin, Mo.
 FATHER
 13. NAME A. R. Rhodes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Co. Mo.
 MOTHER
 15. MAIDEN NAME Letha Lewis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.
 17. INFORMANT (ADDRESS) A. R. Rhodes Joplin, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Harmon Cem DATE 3-21-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hurbit and Co 212 Joplin St, Joplin Mo
 20. FILED 3-21-39 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20 1939
 22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to March 20, 1939
 I last saw h. l alive on March 20, 1939. Death is said to have occurred on the date stated above, at 12 P m.
 The principal cause of death and related causes of importance were as follows:
Premature Birth
 Date of onset _____
 Other contributory causes of importance: 154
 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? no
 If so, specify _____
 (Signed) J. J. Johnson M. D.
 (Address) Joplin Mo.

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.

Dr. J. J. Johnson

RECEIVED

District Health Officer No. 6,

District File Number 6-39-857

Date Filed APR 12 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

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.