

AUG 14 1939

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

25446  
Do not use this space.

## 1. PLACE OF DEATH

(a) County COOPER Registration District No. 218  
 (b) Township BOONVILLE Primary Registration District No. 3015 Registered No. 82  
 (c) City BOONVILLE (d) Street No. ST. JOSEPH'S 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 yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME INFANT of MR. & MRS. ROY RHOADES

(a) Residence, No. 320 St.  KANSAS CITY - MISSOURI  
 (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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF INFANT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 20 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INFANT

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) BOONVILLE?  
 (STATE OR COUNTRY) MISSOURI

13. NAME ROY RHOADES

14. BIRTHPLACE (CITY OR TOWN) BOONVILLE  
 (STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME LOIS EKLUND

16. BIRTHPLACE (CITY OR TOWN) PUEBLO  
 (STATE OR COUNTRY) COLORADO

17. INFORMANT ROY RHOADES  
 (ADDRESS) BOONVILLE MISSOURI

18. BURIAL, CREMATION, OR REMOVAL ( ) ( )  
 PLACE CATHOLIC CEM. DATE JULY 21 1939

19. FUNERAL DIRECTOR (NAME) STEGNER & KOENIG  
 (ADDRESS) BOONVILLE MISSOURI

20. FILED 7-21 1939 St. Hooper  
 (Address) Boonville Mo.  
 (Licensed Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 20 193922. I HEREBY CERTIFY, That I attended deceased from 7-20 1939 to 7-20 1939

I last saw him alive on St. Joseph's Hospital 1939. Death is said to have occurred on the date stated above, at 2:15 p. m.

The principal cause of death and related causes of importance were as follows:  
St. Joe Barn

Date of onset

Other contributory causes of importance:

Name of operation none Date of noneWhat test confirmed diagnosis? ec Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury none, 1939

Where did injury occur? St. Joe Barn  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify no(Signed) W. H. Ziegler, M. D.(Address) Boonville 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.

RECEIVED  
District Health Officer No. 8,  
District File Number 8/8/34  
Date Filed

**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 James W. Stegner  
Licensed Embalmer No. 3180  
P. O. Address Boonville, 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.**