

SEP 12 1939

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

28820  
Do not use this space.

1. PLACE OF DEATH

(a) County Carr Registration District No. 135  
 (b) Township Superior Primary Registration District No. 5191  
 (c) City \_\_\_\_\_ (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 \_\_\_\_\_ yrs. mos. ds. (f) How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John Rhea  
Northome, Mo. K.R.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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stella Rhea</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1 1859</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>2</u>
	DAYS <u>11</u>	If LESS than 1 day, _____ hrs. or _____ mln.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Farmer</u>	11. Total time (years) spent in this occupation <u>Life time</u>
	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) <u>3 mo ago</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kokomo Indiana</u>		
FATHER	13. NAME <u>Alexander Rhea</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Rittenhouse</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>Mrs John Rhea Northome, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Millburg, Mo.</u> DATE <u>Aug. 14 1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>J. N. Strahan Northome, Mo.</u>		
20. FILED <u>8/14 1939</u> <u>John Haskins</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1937 to 8-5 1939

I last saw him alive on 8-5 1939. Death is said to have occurred on the date stated above, at 7:30 am.

The principal cause of death and related causes of importance were as follows:  
404 Cardia-Resal Insufficiency unknown  
95%  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Senility

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) Eugene L. Bales, M. D.  
 (Address) 126 So. Gene Northome, Mo.

(Licensed Embalmer's Statement on Reverse Side) Eugene L. Bales.

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.

I X12004

RECEIVED  
District Health Officer No. 8,  
District File Number  
62/1816  
Data Filed

STATEMENT BY LICENSED EMBALMER

I, John P. Straub Licensed Embalmer No. 2406

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

L. E.

No.....or by.....Registered Apprentice No.....  
working under my personal supervision.

Signed John P. Straub  
Licensed Embalmer No. 2406

**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.)**