

FILED FEB 7 1940

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3146

Registration District No. 592

Primary Registration District No. 6790

Registrar's No. 4

1. PLACE OF DEATH:  
(a) County Montgomery  
(b) City or town Near Montgomery City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Home  
6 yrs (Specify whether years, months or days)

8. (a) PRINT FULL NAME Alta Mae Rhoads 320

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C.I. Rhoads 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 16 th 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>3</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Near Vandalia Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name John Clithero

13. Birthplace Vandalia Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Bettie S. Henderson

15. Birthplace Curryville Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant C. W. Hopkins

(b) Address Montgomery City Mo

17. (a) (Burial, cremation, or removal) Jan - 20, 40  
(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo 522

19. (a) Jan - 29, 40 (b) Beull Hennefee  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Montgomery  
(c) City or town Near Montgomery City RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. One mile east  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 th  
year 1940 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from January 20<sup>th</sup>, 1940 to Jan. 28, 1940  
that I last saw her alive on Jan. 28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 1-18-40

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E. J. T. Anderson (M. D. or other) MD  
Address Montgomery City Date signed 1-29-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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 \_\_\_\_\_ on the  
28 th day of Jan 1940 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.**