

FILED JUN 20 1940

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

18375

Do not use this space.

## 1. PLACE OF DEATH

(a) County Gentry Registration District No. 313  
 (b) Township McFall Primary Registration District No. 4189 Registered No. 29  
 (c) City McFall (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 320 William Harvey Rhodes Social Security # 498-12-0308

(a) Residence, No. ms. Fall 0 ms. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16/1890

7. AGE YEARS 50 MONTHS 2 DAYS II If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. Labor

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Gentry (STATE OR COUNTRY) Mo

13. NAME J.W. Rhodes

14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

17. INFORMANT Kathryn Persinger (ADDRESS) McFall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McFall, Mo. DATE 5/30/40, 19\_\_

19. FUNERAL DIRECTOR (NAME) Ed Kramer (ADDRESS) Pattonburg, Mo.

20. FILED June 3, 1940 Nora Mothesend Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1940 to May 25, 1940  
 I last saw him alive on May 25, 1940 Death is said to have occurred on the date stated above, at 11/30 A.M.  
 The principal cause of death and related causes of importances were as follows:

Tuberculosis of Lungs Date of onset \_\_\_\_\_

Other contributory causes of importances: 22

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) Frank Hedger, M. D.

(Address) Pattonburg

RECEIVED

District Health Officer No. 114

District File Number 640-862

Date Filed JUN 10 1940

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 G. S. Brown

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.