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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25173

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 560

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BURGE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. Milner Hotel
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN WESLEY RHODES 520

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Vita Rhodes

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased March (Month) 20 (Day) 1885 (Year)

8. AGE: 1 Years 55 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Georgia (State or foreign country)

10. Usual occupation Produce Dealer

11. Industry or business Produce Dealer

FATHER
12. Name Columbus L. Rhodes
13. Birthplace Unknown (City, town, or county) Georgia (State or foreign country)

MOTHER
14. Maiden name Sarah Bishop
15. Birthplace Unknown (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Vita Rhodes

(b) Address Milner Hotel Spfd. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director J. W. Klingner & Co

(b) Address Springfield Mo.

19. (a) July 11, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1940 hour 4:00 minute P.M.

21. I hereby certify that I attended the deceased from July 6, 1940, to July 6, 1940; that I last saw him alive on July 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Coronary occlusion 3 hrs

Due to 94 Pd

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operation Arteriosclerosis

Of autopsy

Duration

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) ✓

(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? 9 94 ✓ (Specify type of place)

While at work? (e) Means of injury

23. Signature W. T. Walsh (M. D. or other)

Address Springfield Mo. Date signed 1/9/40

(Licensed Embalmer's Statement on Reverse Side)

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 J B Klingner

Licensed Embalmer No. 3358

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.